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ON SOME POINTS IN THE TREATMENT OF LACERATIONS OF THE CERVIX UTERI.

By THOS. MORE MADDEN, M. D., F. R. C. S. Ed.

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Amputation of Cervix as a Substitute for Trachelorraphy.—In the transactions of the Washington meeting of the International Medical Congress, and elsewhere, I have endeavored to show the advantages of amputation of the cervix uteri over Emmet's operation for the repair of cervical lacerations in certain cases; and as this subject seems to me as deserving of fuller consideration than it has yet received in this country, I now venture to re-submit some of my views thereon, as far as they have been confirmed by more recent experience.

In the last edition of his excellent treatise on gynecology, Dr. Emmet has kindly referred to my views as to the frequency and importance of the obstetric complications arising from cervical laceration. Still neither this point nor the advantages which I believe are obtainable from amputation of the mutilated and hypertrophied cervix over trachelorraphy in certain cases of stellar and extensive bilateral laceration are, I think, sufficiently recognized. I may, therefore, in this connection, briefly refer to the increasing frequency of cervical lacerations in recent gynecological practice, and to the causes assignable for this, and point out the parturient and puerperal troubles consequent on these lesions; and. lastly, I shall briefly recapitulate my clinical experience of the treatment of this accident, more particularly in reference to the utility of amputations of the cervix in some cases of extensive bilateral and stellar lacerations. The latter, when met with, in a state of chronic hypertrophic disease, cannot always be remedied by trachelorraphy, and may result in life-long misery, even when not eventuating, as already shown is too often the case, in cancer of the cervix uteri.

With regard to the frequency and pathological importance of cervical lacerations generally, my views are entirely in accord with those of Dr. Emmet—namely, that their importance cannot be exaggerated, since at least half the ailments among those who have borne children are to be attributed to lacerations of the cervix. Cervical lacerations are unquestionably now more commonly met with than was the case in my earlier experience. This fact is probably ascribable to the larger proportion of assisted deliveries in recent midwifery practice before the sufficient natural dilatation of the os uteri. As I have before observed, the majority of child-bearing patients who present themselves for uterine examination at my hospital are found to have sustained some degree of cervical laceration, varying from a mere fissuring of the os to the most extensive stellate laceration of the cervix. Even the former must be regarded as a condition of some immediate pathological importance; whilst the latter lesion is of still greater consequence in its secondary results; and its reparative treatment is often followed by the complete subsidence of chronic pelvic complaints, formerly misinterpreted and ascribed to other morbid conditions, or displacements of the uterus. The effect on subsequent delivery of cicatrices resulting from cervical lacerations is a matter of practical obstetric interest, these being more frequently the cause of rigidity of the os and tedious labor than is commonly supposed. In my own practice I have seen complete uterine occlusion thus occasioned.

Laceration of the cervix, caused by the premature use of the forceps in the first stage of labor, or from precipitate natural delivery, is, moreover, a subject of considerable importance as one of the causes of flooding. I have before drawn attention to cases of *post-partum* hemorrhage thus occasioned, of which I have met with many instances. And I may again repeat that there is reason to anticipate that, when the practice recently advocated of applying the forceps before the natural dilatation of the os uteri becomes generally adopted, as seems likely, the next generation of midwifery practitioners will then have an ampler opportunity of witnessing this accident than was the case in the practice of their, possibly, slower, but certainly safer, predecessors in the obstetric art. For, although some authorities hold that the duration of labor, rather than the method of delivery, is the chief factor in the causation of fissurings of the os and cervix, it seems quite evident that no process of natural dilatation, however rapid, can be so liable to occasion rupture of the circular fibres of the os and cervix as its forcible manual extension, in efforts to complete delivery by version or the forceps. Some years ago I brought cases before the Dublin Obstetrical Society, in which I had been called in consultation, where the cervix had been thus torn through by the abuse of the double-curved midwifery forceps. The same accident have I seen from version, where the hand was forced, rather than insinuated, into the uterine cavity, before the full dilatation of the os; and I have been consulted when similar consequences have followed undue manual violence in the removal of a retained placenta. In several cases of this kind I have traced hemorrhage after delivery to its source in the injured vessels of a lacerated cervix.

The special liability to cervical injuries under these circumstances is self-evident, and their physical evidences are obvious in the hypertrophied, truncated, fissured, or lacerated cervix, with its irregularly gaping os, semi-concealed by a glairy or muco-purulent discharge, through which the everted endo-cervical mucous membrane may be seen extruding in so many of our child-bearing patients, and which is too often the result of injudicious or meddlesome midwifery practice. In a medico-legal aspect, and especially as a proof of previous delivery, cervical laceration is further of importance, since by no other circumstances can the evidences of this injury be produced. On the other hand, the non-existence of such cicatrices or fissures is no proof of non-delivery, as the fissuring may have been so slight as to heal within the puerperal period, leaving no obvious traces of the injury.

Cervical Injuries in Relation to Chronic Uterine Disease.—The connection between laceration of the cervix uteri and many of the chronic disorders of women, formerly exclusively ascribed to subacute inflammation of the uterus, and especially to congestion or ulceration of the cervix, has been clearly established. In such cases the lining mucous membrane is forced down through the gaping edges of the rent as soon as the patient rises from the lying-in bed. This cervical extropium is soon a focus of irritation, spreading upward and causing endo-cervicitis, the edges of the rent becoming the seat of erosion, or chronic follicular ulceration, the hardened cicatricial tissue around the rent, after some time, assuming a distinctive character, and becoming a veritable neoplasm. A more immediate result of bilateral cervical ulceration is sub-involution of the uterus, which, as well as pelvic cellulitis and other morbid conditions, may, in many cases, be ascribed to this cause. In the first instance, the inflammation, extending upwards from a cervical wound to the body and fundus uteri, effectually arrests the natural process of involution. In the latter it spreads along the ligaments, giving rise to parametritis and salpingitis, or reaches the ovaries, thus causing ovaritis or paraovaritis.

Cervical Lesions as a Cause of Uterine Displacements.—Lastly, as a cause of uterine flexions and displacements, cervical lacerations are of practical interest, for if the resulting cellulitis affects either of the suspensory ligaments, so as to cause its thickening and shortening, the uterus will thereby be thrown out of its normal position, and a constant strain and sense of wearing, pelvic pain must be occasioned. These symptoms can only be relieved either by attempting to restore the ligaments to their normal condition by Alexander's operation (in the permanent utility of which I have myself very little faith, as I believe that the shortened ligament must again become stretched if the cause of its lengthening remains uncured), or, and more easily, by taking off the strain of the down-dragging uterine weight by a properly-adjusted pessary. Hence the benefit experienced from mechanical support in many cases of chronic, bearing-down pelvic pain, which is probably as often consequent on cervical laceration as on any primary displacement of the uterus.

Treatment of Cervical Lacerations.—In the majority of instances the direction of the fissure is antero-posterior, and it may extend through both walls of the cervix; or, as is more commonly the case, be limited to its anterior aspect. When thus situated, these fissures, if superficial, often occasion very little trouble, and in many such cases they become healed without any special care during the period of convalescence after delivery. But when from the abuse of instruments, or manual dilatation of the os, to expedite delivery, or for the removal of a retained placenta, or else from the unusual size of the child, or any other circumstance, the cervix is extensively lacerated, either bilaterally or split into a number of sections by multiple or stellar laceration, then the results of the accident obviously become far more serious, leading to one or other of the pathological conditions just described. Under these circumstances, as a rule, surgical treatment—viz., either trachelorrhaphy or amputation of the cervix—will be necessary. The great and general value of the former, and the procedure by which it may be accomplished, are too familiar to need any reference in this connection.

Advantages of Cervical Amputation in the Cases referred to.—My present object is chiefly to call attention to the fact, on which I have elsewhere dwelt—namely, that trachelorrhaphy, however useful in all appropriate instances, is by no means invariably applicable in cases of cervical laceration, occasionally failing even under apparently favorable circumstances, and that in some instances we may best treat the long train of symptoms consequent on the injuries by the amputation of the lacerated cervix.

This view is not in accordance with Dr. Emmet's opinions. But though none can more fully recognize Dr. Emmet's authority on the subject, which he has made so peculiarly his own, yet I cannot agree with him that amputation of the cervix, except for malignant disease, is necessarily malpractice. The removal of the neck of the uterus for so-called hypertrophy or for abnormal elongation, is also deprecated by Dr. Emmet, who, moreover, is equally opposed to the application of the cautery, or of caustics, to heal a so-called ulceration on surfaces that may possibly be brought into a healthy condition and united by his operation. "If," in Dr. Emmet's words, "this so-called ulceration, or this elongated cervix, should prove to be merely a laceration, the sides of which can be brought together and united so that the integrity of the parts will be as perfect as if the accident had never occurred, then to resort to amputation is malpractice." This proposition is self-evident. But in that little *if* lies the entire question ; and highly as I value trachelorrhaphy, and successful as I have found it in many appropriate cases, I must repeat that in certain cases of extensive stellate lacerations of long standing, with considerable loss of substance, and accompanied with chronic inflammatory conditions of the adjacent structures, or cellulitis, as well as with great hypertrophy or hyperplasia of the injured cervix, caused by inflammatory exudations, trachelorrhaphy is inapplicable. Such cases may, I believe, be better treated by the amputation of the mutilated and diseased cervix. Moreover, this operation, according to my experience, is fully justifiable in some cases of non-traumatic hyperplasia, and chronic parenchymatous cervicitis, more especially, as I have already pointed out, in patients who are hereditarily predisposed to malignant disease, as well as in some instances of cancer of the cervix, either as the most certain prophylactic of uterine cancer, or else as a possibly curative measure in the early period of the disease, or if for nothing else than merely to relieve suffering, if not to prolong life in its latter stage. Finally, although in the majority of the cases of laceration in which I have removed the cervix, the patients have since remained sterile; still, on the other hand, there can be no doubt that this operation is called for in some cases of sterility, resulting from the mechanical obstacle to impregnation offered by a greatly hypertrophied, elongated and conical cervix uteri. Within the last few years I have, for the foregoing reasons, amputated the cervix in a considerable number of cases, and, so far, at least, I have had no experience of the disastrous consequences which some writers insist on ascribing to this operation.

In conclusion, I have only to express the hope that the foregoing observations may conduce to a more frequent and earlier resort to amputation of the cervix, in the prevention and treatment of uterine cancer, as well as a substitute in appropriate cases for cervical trachelorrhaphy. And although my views on the latter point have been elsewhere expressed, yet, inasmuch as the subject discussed is one, as I believe, very unduly neglected in this country, I have included some of the opinions I have long maintained on this subject, together with others which may be found novel, in the hope of inducing the thorough discussion of two closely connected questions, which appear to me of practical importance, and well deserving the consideration of the Academy.

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MATERNAL IMPRESSIONS.

By W. R. Cluness, M. A., M. D., Sacramento, Cal.

Read before the Sacramento Society for Medical Improvement.

Although it is extremely improbable that it will ever be determined axiomatically whether or not the fetus *in utero* is susceptible of being influenced in any manner by the impressions received by the mother during gestation, yet there is in the subject sufficient of interest to occupy the attention of this Society for one evening. For my own part I confess to having given the subject but little attention until recently, although cases had come under my observation from time to time which had interested me considerably; but in common with many other practitioners, I accepted, without question what appeared to have been the almost universal opinion upon the subject, viz: that maternal impressions could so influence the fetus as to reproduce whatever deformity had been stamped upon the mother by sudden and unexpected fright, fear, or horrible scene during the period of gestation. What was my surprise, then, last April, when an esteemed fellow practitioner and member of this Society, whom I had invited to consider with me the propriety of removing a deformity, surgically, from the face of a six-months' old child, in reply to an observation from the mother, remarked: "Mothers still believe in maternal impressions, doctor, we do not."

Never having heard the question so unqualifiedly denied, and having, as stated, firmly believed otherwise, I at once expressed an equally positive belief in the affirmative. The literature, as scattered throughout the various journals, was carefully examined, and it occurred to me that although the evidence and weight of testimony appeared to be against my views, some benefit might, nevertheless, result from a discussion of the subject by this Society. And while I am still unprepared to deny the possibility of such influence, yet my impressions upon the subject have been sufficiently modified to convince me that many of the so-called maternal impressions are mere coincidences, and that what had previously been an opinion was by no means a fact. A little reflection, also, soon showed me that although very many women are daily subjected to powerful impressions and influences during gestation, yet the number of such who bring forth their children marked or deformed, is quite insignificant. Yet it should not be forgotten that there is a marked difference in the susceptibility of women to impressions of any kind, although nearly all are more susceptible during pregnancy. When, therefore, intense mental solicitude is manifested by susceptible women because of their having witnessed some horrible scene of blood, or having before them during pregnancy, some marked deformity or revolting object, and when a similar deformity is found to be reproduced upon their offspring, the question of maternal impressions in such cases cannot be wholly ignored, however unphilosophical it may appear, or however unsatisfactory or illogical any physiological explanation thereof may be to our judgments. It should also be recollected that nature works by certain fixed and unalterable laws; a deformity, then, is as much an object of law as the normal product. Or, if it be true that every blood cell made in the mother's system is dependent upon and subject to nervous influence, both as to the formation of the primary cells and their construction into blood, may it not be that these impressions are made through the agency of the mother's blood? And, although it may be conceded that there is no direct nervous communication between the mother and the child *in utero*, may it not be that the nerve current jumps from the maternal tissues to those of the fetus, like an electrical current from one conductor to another, as explained by Dr. Meadows. Moreover, the instances of the moulding of the outer physical form, through the inner and emotional life, are of daily occurrence in our experience. It is undeniable, also, as already stated, that during pregnancy the nervous system is very susceptible, and is it not reasonable to suppose that a child-bearing woman is then far more likely to stamp upon her offspring whatever mav profoundly impress her own system? Dr. T. A. Reamey says that he is not prepared to deny the possibility of such influences, and acknowledges that so far as the clinical evidences have been elucidated, the question is still *sub judice*. He further says there can be no doubt whatever that strong mental emotion—fright and anger, despair, or even overjoy—may so influence the mother's vital functions as to impair the nutrition of the child *in utero*, often resulting in immediate or subsequent abortion; and where abortion does not occur, those same influences may deform the child, secondarily, by an arrest of development or otherwise.

On the other hand, Dr. J. M. Fort, in a very able article in the *Journal of the American Medical Association*, April 20, 1889, presents the negative side of the question in a manner worthy the attention and study of all interested in the subject. His argument is incontrovertible from a physiological standpoint, according to our present knowledge; and, without endeavoring to controvert his views, let me inquire how it is that, so generally, the impression produced upon the mother is reproduced upon the fetus? I do not allude to the ordinary "marks" so frequently observed and so generally believed, by the laity at least, to be consequent upon maternal impressions, but to such cases as the one reported by Dr. Reamey, in which a young man of his acquaintance, 30 years of age, has upon the anterior aspect of his leg a mark closely resembling the common striped snake. The colors, he says, are pretty well marked and the outline is very good. When the mother was pregnant about three and a half months with this child, she accidentally stepped upon a snake of this variety while she was walking barefoot, the snake coiling itself around her ankle. From this time until her child was born she expressed constant solicitude lest the child would be marked. "When it was born," he says, "it was not only marked, but the character and location of the mark agreed with the elements of the fright." He says further, "these people are quite intelligent and thoroughly reliable." The case, also, of Dr. Wright, it appears to me, clearly shows that long continued and powerful impressions may and do modify the nutritive materials supplied by the mother to the fetus so as to leave their impression upon the latter.

In Dr. Wright's case, a lady seven weeks pregnant, had an only brother to whom she was devotedly attached, arrested and incarcerated for a henious crime. Her grief and anxiety were intense. While visiting the jail for the purpose of seeing and comforting her brother, a prisoner was brought in, shackled, and she often spoke of the sight, and expressed the hope that her brother would not be treated in that manner. It made so profound an impression upon her mind that on several occasions she dreamed that she saw her brother shackled in the same manner. About the fifth month she miscarried because of an accidental fall down stairs. The fetus, besides having a hare lip, had upon its wrists and ankles fibrous cords so closely resembling the shackles alluded to, as to be detected without any stretch of imagination.

Were it necessary to recite the histories of other cases of a similar nature it could be readily done, for there are many of them recorded in the medical journals by such authority as to leave no room for doubt as to their authenticity. For my own part, therefore, I confess that, although there is no law known to us, physiological or psychological, by which maternal impressions can be so indelibly stamped upon the fetus as to manifest themselves in arrest of development, or the manifestation of any deviation whatever from the normal condition; yet, that such an influence is not only possible, but is by no means infrequent, I have no doubt whatever. How otherwise explain the case of the patriarch Jacob, who, in order to overcome the crafty Laban, placed streaked rods of poplar and chestnut in the watering-troughs of the cattle, who "conceived before the rods, and brought forth cattle ring-streaked, speckled and spotted?" Or how otherwise explain the cases of white women who had borne colored children to an African father, and subsequently married white men to whom they bore children bearing a striking physical resemblance to the first husband? Surely such cases are important testimony in favor of the probability, at least, of maternal impressions upon the fetus.

While exhibiting one of the cases, whose history I will presently give, to the late Dr. Logan, of this city, he alluded to the case of a younger brother substantially as follows: "When I was about three years of age," said he, "my mother, while hoeing in the garden, accidentally struck me near the crown of my head with the corner of the hoe, completely severing the scalp for about an inch and a half, and causing the blood to flow freely. So profound was the impression made upon her, and so constantly was the bloody sight present to her imagination, that when a child was born to her about seven months subsequently he had a cut, resembling in every respect, the one she had so unintentionally inflicted upon my head." The doctor further informed me that he had a distinct recollection of the occurrence, especially because of the grief manifested by his mother for months afterward. And, although unrecorded events and traditions are by no means trustworthy or to be accepted as fact, yet there is not one of us who knew the doctor who will entertain the slightest doubt of the occurrence, however much we may differ in opinion as to the relation of cause and effect.

Let me now proceed to relate, briefly, a few of the cases that have come under my personal observation during the past thirty years in California, and which have been regarded by me as illustrations of the truth of the question under discussion; one or two of which, at least, bear so strongly upon the proposition as to require a greater stretch of imagination than I possess to attribute to mere coincidence.

Case I.—In July, 1860, I was hastily summoned to the town of Sebastopol, sixteen miles distant from Petaluma, where I then resided, to attend upon a man who had sustained an injury to the left radial artery, about an inch above the wrist. Upon my arrival I learned that the patient had bled to syncope, and that unless the hemorrhage would speedily be checked death must soon ensue. The lady—a nervously organized English woman—at whose lodging-house he was quartered, volunteered, in a most excited manner, to accompany me to the door of his room, and as we reached the top of the stairway a most sickening spectacle was presented. The door was open, the floor, chairs, bedding, and everything else in the room, were literally drenched in blood, the patient was stretched upon the bed, pale and almost lifeless, the injured arm being extended at right angles with his body, over the edge of the bed. The landlady, it appears, had not previously seen him, and the horrifying sight so shocked her that she instantly swooned and fell, partly into the room, her head and shoulders resting upon the floor where it had been bespattered with blood. Realizing that she had but fainted, and observing that the man's condition was critical in the extreme, I advised that she be allowed to lie upon the floor for a few moments undisturbed. My attention having been directed to the patient, I soon learned that, all other means having proved ineffectual, layer after layer of cobweb had been applied over the bleeding wound until a rounded mass of blood and cobweb had been formed, about two inches in thickness and of at least three inches in diameter. By the time a properly adjusted compress had effectually checked the hemorrhage Mrs. W—— regained consciousness, but unfortunately as she suddenly assumed the sitting posture, her eyes again fell upon the bloody scene before her, causing her to faint a second time. Having been then carried to her room she soon rallied. She frequently informed me subsequently, however, that the ghastly expression of the injured man, but especially the bloody tumor upon his wrist, "haunted her" day and night, and that she was convinced a like deformity would mark her child. Seven months afterward she gave birth to a male child, having a tumor upon his left wrist strikingly similar to the one just described. The child was also unusually blanched and of a death-like palor, which, I am informed, still remains. The tumor was unlike anything I had ever seen, and was readily peeled off, layer after layer. There was but little hemorrhage during its removal, and there is less deformity than could reasonably have been expected.

Case II.—During the summer of 1864, I delivered Mrs. C—— in this city, of a male child having a large mass below the occiput much resembling the tumor in cases of spina bifida, but as there was no defect in the vertebral column this condition had to be excluded. The child being otherwise deformed in having its arms and legs considerably shorter and stouter than a due proportion with the length of the body and general development would indicate as normal, and there being a supernumerary finger and toe upon each hand and foot, the late Drs. Logan and Hatch were invited to examine the monstrosity. During this visit the mother solved the problem of the extra toes and fingers by informing us that a similar condition had existed in several of her maternal ancestors, and that she herself had had a rudimentary sixth toe removed from each of her feet in infancy. Clearly, therefore, this part of the deformity was due to heredity. While examining the post-cervical mass with a view to determining the existence of arrest of development in the vertebræ, the mother sadly informed us that she "could explain the cause of the horrid lump upon her poor baby." "There it is," said she, pointing to a tracing upon the cloth and paper ceiling of her room, which bore a striking resemblance to the monstrosity in question, "that is what caused the horrid lump on my poor baby; it has caused me the loss of many a night's sleep, and I felt confident my child would resemble it."

The tracing had been caused by the rain of 1861–2 upon the cloth and paper ceiling, and although many similar tracings, more or less resembling familiar objects, have doubtless been observed by the older physicians of this city, yet I have never seen one so perfectly delineating a child as the one alluded to. Although evidently well nourished during uterine life, it lived but a few days. The mother still resides in this city.

Case III.—A woman of highly nervous temperament and of an inquisitive turn of mind, visited, during her second month of pregnancy, a neighbor, whose four-year-old child had fallen through a window that had been placed against the fence in the back part of the yard, injuring himself severely. Upon my arrival, I found an extensive wound of the skin, extending from the under surface of the foreskin backward to and including the scrotum, the nates and posterior part of the thighs having also been considerably injured and bleeding freely. The woman in question, it appears, had insisted upon examining the wounds prior to my arrival, and became so horrified by the sight that she screamed aloud and would have fainted but for the timely assistance of bystanders, who placed her upon a lounge. During the following months of her pregnancy I was frequently called to attend her during hysterical paroxysms, at which times she always manifested the most intense anxiety lest her coming child would be marked. She subsequently gave birth, at the full period, to a male child afflicted with hypospadias in a most aggravated form.

Case IV.—A gentleman suffering from an eczematous eruption in front of his right ear, applied, in accordance with my instructions, a 30-grain solution of nitrate of silver to the affected part, and as his wife, who was then pregnant about one month, sat by his side daily at the dining table, she frequently alluded to the blackened spot upon his face, stating that it made her sick every time she observed it. She gave birth, at term, to a well developed male child, having a deep brown spot upon its face, corresponding very closely in size and location with that produced by the nitrate of silver upon the father, and which might, without any stretch of imagination, be taken for the discoloration produced by that agent.

Case V.—A male child, having a hare lip, was born to an intelligent and interesting lady of happy disposition, and by no means nervous or excitable, during the month of December last. Both she and her husband inform me that a neighboring girl who is similarly afflicted passed their house daily on her way to and from a sewing establishment where she was employed. At the expiration of nine full months she was safely delivered of her child, and scarcely had it been born until she anxiously inquired: "What is it, doctor; has it a hare lip?"

During the past thirty years several other cases of more or less interest, bearing upon the question under discussion, have come under my personal observation, yet the five, whose histories have been briefly narrated, are the most important and worthy of permanent record. Whether or not they were mere coincidences and in no manner consequent upon maternal influences, must remain in doubt; yet that the mental condition of the mother during pregnancy can so influence the child in her womb as to produce physical deformities and defects, I have no doubt whatever. It appears reasonable that when a profound impression is made upon a woman whose fondest hopes of maternity are about to be realized, who lives, moves and has her own being constantly concerned regarding her coming offspring, and whose intensest emotions are momentarily awakened in the interest of that child, she does, by some subtle (although to us as yet inexplicable) influence, stamp thereon the counterpart of that which her own mind reflects. As yet there is no known law by which a satisfactory explanation of this can be given, although many have been offered. That the theories and speculations of writers should not be accepted as demonstrated facts, is nowhere more fully exemplified than in the science and art of medicine; yet why should we conclude that a more intimate pathological and psychological knowledge will not, in time clear up the mystery? To us, in accordance with our present light, it is merely "an opinion, or belief," yet we are living in an age of wonderful discoveries, and who can say that even before the close of the present century the mystery surrounding this question will not not have been unraveled?

It is often said that there are certain ultimate problems which, notwithstanding the wonderful discoveries that have recently been made, must forever remain unsolved. "For my part," says Sir John Lubbock,[1] "I would prefer to abstain from laying down any such limitations." For example: Less than half a century ago the most learned scientists declared, axiomatically, regarding the heavenly bodies that "we may hope to determine their forms, distances, magnitude and movements, but we shall never be able to study their chemical composition or mineralogical structure." Yet this has already been accomplished. "It is extraordinary," says the same authority,[2] "how slight a margin may stand for years between man and some important discovery." Who can tell what other discoveries lie at this moment under our eyes, or who can predict the marvelous advances that are to take place even in the next half century?

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[1] Fifty Years of Science.

[2] Pleasures of Life.

Our knowledge of pathology, psychology and allied sciences, is by no means perfect, but is marching on in the line of progress so rapidly that that which may appear incomprehensible to us to-day may be the toy of to-morrow. "It denotes the fruition of seeds that are being sown in these days." Let us not, then, denounce as absurd and impossible that which our feeble judgments cannot yet fully comprehend, for it may ere long, and I believe will, be demonstrated that there is a definite and philosophical connection between congenital deformities and maternal impressions.

1029 Second street.

A PRELIMINARY NOTE ON A CASE OF TETANY.

By ALBERT ABRAMS, M. D., San Francisco, Cal.

Read before the San Francisco County Medical Society.

The case presented this evening is, I believe, of sufficient interest to engage your attention. It is, as far as records will permit me to say, the first case of tetany reported on this coast. The history of the patient furnishes nothing of value with reference to the etiology of his affection. L. M——, occupation, waiter; age, 24; no hereditary predisposition; usual diseases of childhood. About four years ago sustained an injury to the chest of an indefinite nature, recovering completely, however, after four weeks of indisposition. Has since enjoyed good health until present sickness began; smokes to excess; does not use alcohol; denies venereal infection. Six weeks ago, while engaged at his occupation as a waiter, without warning, spasms developed simultaneously in the left arm and leg, causing him to drop a tray of dishes which he was then carrying, and to fall heavily against a table. Three days after he experienced a second attack, which was limited to the left arm. Since then paroxysms have recurred daily at intervals of an hour. The spasms are especially provoked by voluntary movements. He has had three slight attacks, confined to the right arm. At the present time the spasms are unilateral in character and confined to the left arm and leg, preponderating in frequency in the former situation. No pain is experienced during the attacks, and he describes the sensation following as one of complete exhaustion. The prodromal symptoms of an attack include formication and coldness in the arm or leg, although the spasms may occur without warning of any kind. The patient is of medium size and corpulent. Is slightly anemic in appearance, although an examination of the blood shows no diminution in the number of red blood corpuscles. Examination of chest, negative. Examination of abdomen shows *dilatation of the stomach.* The pupils react to light and accommodation, and the field of vision is found to be intact. Examination of the affected arm and leg shows decided impairment of the sensations of touch, pain, localization and temperature. Electro-cutaneous sensibility and muscular sense are also impaired. The surface temperature of the affected arm is diminished. The patellar tendon reflex on the affected side is slightly exaggerated, although the other reflexes, skin and organic, show no departure from the normal.

The motor nerves on the affected side react to very weak currents. The galvanic current also demonstrates the increased electrical irritability of the affected motor nerves. The fraction of a milliampère meter will induce contraction in the affected muscles. An anodal opening tetanus is produced with less than 4 m.a. During an attack, which can readily be produced by pressure or percussion on the painful extension muscles, the hand and fingers, leg and toes are violently extended, the thumb abducted, and the contour of the muscles is easily seen under the skin. The contractions may be overcome, as you here see, by a certain degree of force, although the spasm recurs when the force is suspended. The duration of the attacks is from thirty seconds to one minute.

There are two other symptoms in this case besides the increased electrical irritability, which complete the clinical picture of a typical case of tetany, viz: the phenomenon of Trousseau and the increased mechanical irritability of the motor nerves. The symptom of Trousseau is of diagnostic and prognostic importance, as it exists during the intervals between the paroxysms, and when present, the recurrence of the spasms is always possible. Applying it to the patient by pressure upon the arteries or nerve trunks of the arm, it will be observed how readily a paroxysm can be produced, which ceases as soon as the pressure is removed. If the femoral artery or sciatic nerve of the affected extremity be compressed, a paroxysm can also be induced. The increased mechanical irritability is manifested in this case by percussion on the motor points, resulting in contraction of the muscles. Percussion over parts not spontaneously the seat of a paroxysm will result in violent contractions. This is notably the case when we strike the facial nerve at the stylo-mastoid foramen, or when the finger is rapidly passed over the face from the eye to that point. The contraction of the facial muscles on both sides at once follows this maneuvre. Pressure on the motor point of the sterno-cleido-mastoid muscle will induce torticollis, and pressure on the phrenics, singultus. Indeed, no motor point throughout the body will fail by simple pressure to cause contraction of the respective muscles or muscular groups.

There are three distinct forms of tetany, distinguished only by their origin and prognosis. The most common form is the rheumatic, or epidemic. Epidemics of tetany have occurred in Paris in the years 1856 and 1876, but in America and England none have been reported. A second variety is usually chronic, and follows certain exhausting conditions, as diarrhea and prolonged lactation. There is a third form of this disease, which follows the removal of the thyroid gland. Billroth, up to May, 1883, had operated 78 times for the removal of enlarged thyroid glands, and in 13 cases tetany followed in the course of a few days. Experimental tetany, as induced in animals by the removal of enlarged thyroid glands, closely resembles tetany as it appears in man. Little is positively known regarding the morbid anatomy of this disease.

This case is particularly interesting, as the paroxysms are unilateral, the extensor muscles are alone involved, and the patient has a dilatation of the stomach. Kussmaul, Gerhardt and others, have reported cases of tetany with dilatation of the stomach. While the other forms of tetany have a favorable prognosis, this variety is characterized by its fatal tendency. Müller collected eight cases of tetany, occurring with dilatation of the stomach, and the mortality was 66 per cent. Experiments are contemplated with this patient to determine the responsibility of alkaloids in the development of his disease.

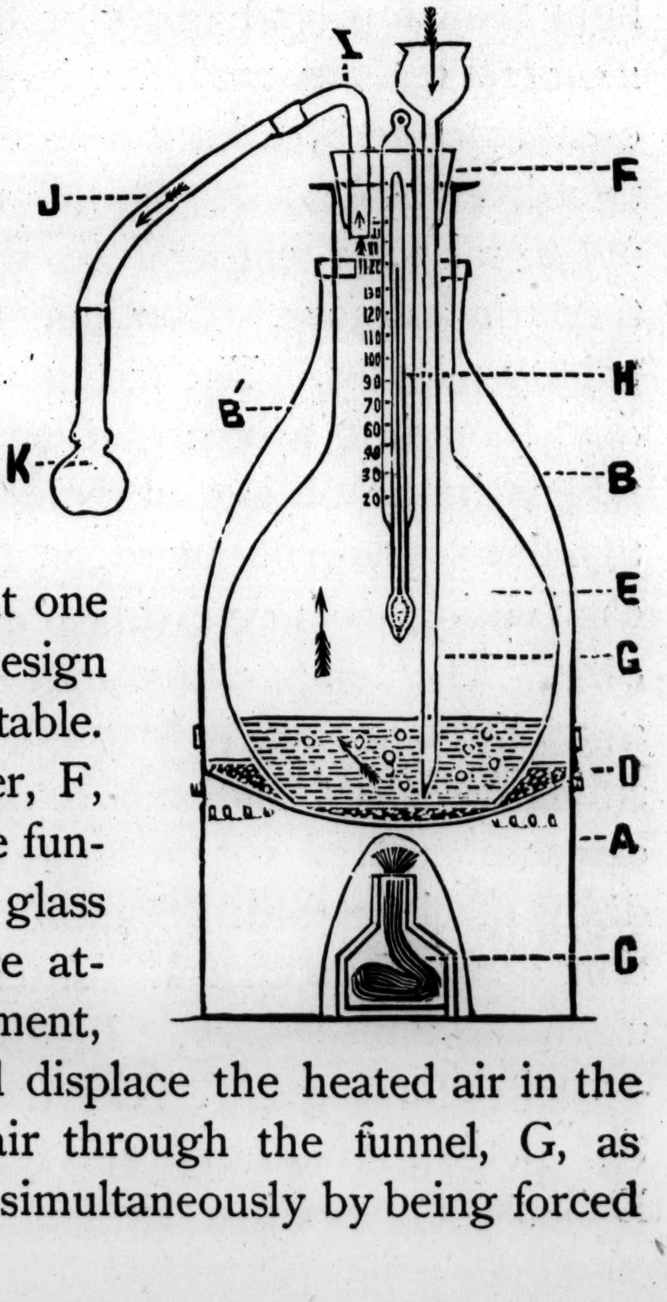
435 Geary street.

THE CREASOTE TREATMENT IN TUBERCULOSIS, WITH A DESCRIPTION OF A NEW INHALER.

By G. W. Daywalt, M. D., San Francisco, Cal.

In 1882, Koch demonstrated the existence of the bacillus tuberculosis, and advocated the theory that the pathological conditions found in the consumptive lung were due to its presence. Since then the scientific world has been encouraged by the hope that soon tuberculosis would be classed among the curable diseases. Accordingly, remedies have been employed that were supposed to destroy the bacillus, or to prevent fermentation of food, and thereby the formation of the yeast fungi, thought by some to be the support of the bacillus. So far, of all the remedies suggested, creasote promises the greatest results. From the reports of those who have tried it, success seems to have been attained in proportion as attention was given to its inhalation, at the same time supporting the patient with suitable tonics, wholesome food and good hygiene.

Early in last May, while in conversation with my friend, Dr. W. F. Arnold, U. S. N., he remarked: "It is my belief, if creasote could only be introduced directly to the lungs, the result would be a cure of a large percentage of tuberculous patients, even in the advanced stages of the disease." Having at the time several consumptive patients, I reflected upon what had been said, and finally designed an apparatus, shown in the accompanying engraving, for the administration of creasote by inhalation.



The figure represents a one-half vertical section. A is a circular metallic box, perforated with small holes at the top, and with an opening on the side to admit the lamp C; the purpose of which is to apply the heat to the sand bath D; upon this bath rests the bottle, E, supported in an upright position by two columns, B B. The bottle may be of any size, preferably about one quart, and of any shape, but the design shown in the cut is the most suitable. It is closed by a movable stopper, F, through which passes a glass thistle funnel, G, a thermometer, H, and a glass tube, I, with a flexible mouth-piece attachment, J, K. By this arrangement, suction at the mouth-piece, K, will displace the heated air in the bottle, which is filled again with air through the funnel, G, as shown by the arrows, and is heated simultaneously by being forced to pass through the heated water. Again, the funnel being below the surface of the water, prevents the escape of air from the bottle, except by the passage, I, J, K, and admits adding the medicine by the patient, while breathing through the inhaler. The medicine passing down with the air-current through the water, rises and floats upon the surface, where it becomes volatilized, thereby charging the air ready to be received into the lungs by suction at K.

In this special combination, creasote and medicines of its class can be applied to the respiratory passages in more definite quantities than by any of the various inhalers or vaporizers known to me. Any quantity of the drug can be administered by breathing a sufficient time for it to become volatilized. It is given in combination with "hot air." The necessity of cutting with alcohol, to get a solution for application, is avoided. The creasote is simply mechanically divided into very minute particles, evenly distributed in the hot air, is then carried by respiration into the lungs, and deposited upon the mucous surfaces to be absorbed.

To use the apparatus, put two ounces of water in the bottle, light the lamp, and apply it to the sand-bath. When the thermometer reaches 120° F., place the mouth-piece in the mouth, and commence to breathe through the inhaler; at the same time put two drops of creasote in the funnel, and regulate the flame so as not to raise the temperature above 140°. After five minutes add three drops more. Continue to breathe through the inhaler for twenty minutes. The treatment should be used at least twice a day, though in two cases I have used it five times. It should be taken the first thing on rising and the last before retiring. After two days, gradually increase the amount of creasote to ten drops each sitting. Twelve drops is the most I have employed in any case. The temperature may be increased even to 175° F., but, as a rule, extended only to 155°, and the time of treatment at each sitting to forty, or even sixty minutes. In one case, where the creasote seemed to be unusually irritating, the addition of five drops of chloroform (Squibb's) at the commencement of inhalation, acted like a charm. After ten days it was discontinued, its use being unnecessary. It is best to change the water once a day—each morning. A very important consideration is to have the patient breathe properly. This will have to be taught. Exhaust the residual air by contracting the chest as much as possible. Closing the nostrils with the fingers, have the patient expand the chest to the fullest extent, receiving the air through the inhaler. Then, closing the mouth, have the air expelled through the nose. See that the abdominal muscles are exercised, especially if it be a lady. By a little patience and practice, they will soon breathe with ease. Impress upon them the necessity of filling the lungs well—that the better the breathing, the greater the results to be derived. It is well to have the inhaler used in your presence every few days, to see that the instructions are being strictly followed.

I have now given, somewhat in detail, my mode of using creasote by inhalation. I have been using it only six months, and on a limited number of patients (fourteen), yet, with these, the results have been so encouraging that I am prompted to write this article. I would not have it inferred that the constitutional conditions of my patients had been neglected, as I have administered such tonics—avoiding iron in all its forms—as I thought suitable for each case. In advanced cases of the disease, I have given creasote internally, generally about four minims a day, with glycerine and whisky.

℞—Creasoti (Beechwood), - - -	m. xv.
Glycerini, - - - - - -	℥ iss.
Spiritus Frumenti, - - -	℥ viss.—M.

Sig.—A tablespoonful after each meal.

In some cases, I combine the dose with an equal quantity of cod liver oil. For internal administration, guaiacol, a derivative of creasote, will probably come into general use, as it is more pleasant to take. In one case, where creasote seemed to irritate the stomach, even in small doses, guaiacol acted nicely.

℞—Guaiacol, - - - - - -	m. xxx.
Tr. Nux Vom., - - -	ʒ ii.
Malaga Wine, - - - -	℥ xvi.—M.

Sig.—A desertspoonful, gradually increased to a tablespoonful, after meals.

In conclusion, I will add that, with Dr. Beverly Robinson, I am thoroughly convinced that in creasote we have a valuable remedy for pulmonary phthisis. And who can say that in the near future we may not, by its proper administration, place in the consumptive's pallid cheek the rose of health?

1236 Market street.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M. D., Sacramento, Cal.

The Induction of Premature Labor in the Bright's Disease of Pregnancy.—DR. TYSON recommends the induction of premature labor with a view of saving the life of the patient, first, in cases of Bright's disease complicating pregnancy where in a previous pregnancy there has been puerperal nephritis with grave complications; second, in all primiparæ in whom there is Bright's disease previous to pregnancy. In the remaining cases no definite course can be laid down. In general, however, it may be said that the supervention of uremic symptoms demands immediate interference, but, in consequence of the variety of these, and their occasional simulation by symptoms due to other causes, great care must be observed lest an error in diagnosis be made. So, also, a marked degree of other symptoms of Bright's disease, such as interfere with important functions, may justify interference. As a rule, too, the same symptoms are more serious in robust than delicate women, and in a first pregnancy than in subsequent ones. "In these cases, therefore, when the symptoms are of a positive or dangerous character, I should also favor the induction of premature labor."—*Journal American Medical Association*, October 26, 1889.

Pregnancy and Bright's Disease.—DR. LECORCHE believes that pregnancy is seldom, if ever, a direct cause of nephritis, but merely aggravates a previously existing nephritis, whose cause is to be found in the antecedents of the patient. In favoring the fatty infiltration of the epithelium of a kidney whose functions are already defective, pregnancy interferes with the secretory action, and predisposes to uremic troubles. By the modifications which it impresses on the constitution of the blood, and by the indisputable dilating action which it exercises on the heart, it facilitates the appearance of anasarca. Thus he explains the temporary gravity which Bright's disease, generally latent before conception, takes on under the influence of gestation.—*Medical Age*, October 25, 1889. [It is not at all unlikely that the future will establish a pre-albuminuric stage of Bright's disease. In the meantime, however, the existence of Bright's disease can be determined only by the presence in the urine of albumin and casts. Relying, then, on these signs, my own observation coincides with that of others who believe that, in the vast majority of cases, of nephritis of pregnant women, albumin, either with or without casts, first appears in the urine during pregnancy, becomes of grave import in a ratio rapidly increasing with the approach of full term, and disappears after the termination of labor. In a small ratio of cases the evidences of nephritis continue permanently after the completion of pregnancy, and in a still smaller ratio they precede that condition. Weekly examinations of the urine of pregnant women establish these facts.—W. A. B.]

Concealed Pregnancy.—In an interesting paper DR. VANDER VEER reaches the following conclusions: (1) Errors in diagnosis are dependent, in a large proportion of cases, upon conditions which, recurring in other cases, would lead to like erroneous diagnoses. (2) That it is the duty of every operator, before making an abdominal incision, to secure personally, or by a specially qualified assistant, a fully classified, written statement of the facts that go to make up the clinical history of the case, together with the results of the physical exploration made by the operator and his consultants, using a formal blank (that of Sir Spencer Wells, for instance), so that no pertinent facts may be omitted. That no part of this duty should be delegated, except under supervision, to hospital internes. (3) That the probable diagnosis should be based on the physical signs contained in the notes, corroborated, with few exceptions (unmarried, ignorant patients), by the rational signs contained in the clinical history, and not by simple abdominal palpation and the "dim light of a pelvic examination." (4) That whenever the slightest probability of pregnancy exists, it should be fully explained to the patient and her friends. (5) That the necessity for operative relief, and the consequences of delay or neglect, should be carefully stated to the parties interested before obtaining their formal consent to the operation. (6) That it is the duty of every operator to report fully all such cases, to the end that the methods of diagnosis may be improved, if possible. (7) That it is the duty of the profession at large to maintain that pregnancy may be absolutely concealed, especially prior to the fourth or fifth month, by other intra-abdominal conditions.—*Journal American Medical Association*, Oct. 19, 1889

Nocturnal Incontinence of Urine in Children.—Numerous theories, says DR. HURD, have been broached to account for this affection. Ollivier believes it to be chiefly nervous. Of 36 cases analyzed by him, 2 were epileptic, 1 choreic, 1 feeble-minded, 19 inherited neurotic tendencies, while only 12 presented nothing in their antecedents to afford light. Of another group of four cases, three were manifestly due to local causes: phimosis, uric gravel, etc. Trousseau was of a similar opinion. In the treatment it was generally necessary to diminish the irritability of the muscular elements which expel the urine, increasing at the same time the action of those which retain it. Trousseau's combination of belladonna and strychnine answers well in certain cases, but frequently fails; ergot and bromides are equally untrustworthy, although sometimes successful. Electricity, applied by Guyon's method, offers the most hope of relief. This requires an insulated sound, with a bulbous metallic extremity. One pole is to be connected with this, and the other applied either to the pubes, or to the perineum. The sound is introduced to the neck of the bladder, the current turned on, very gently, of course, at first, and slowly increased, while the sound is drawn back a little into the urethra and then returned to the bladder, and so on to the end of the sitting. It is applicable, of course, to nervous cases only, and twelve to fifteen sittings are usually necessary to a cure.—*Medical Age*, October 25. 1889. [When electricity is applied in this way, the bladder should contain at least an ounce of urine, the positive pole should be used internally, and the current should not exceed three to five milliampères at the first sitting, and four to eight at subsequent ones. The first sitting should not exceed five minutes, and later ones ten. The reaction following the first sitting must largely determine the strength of current and length of subsequent ones.—W. A. B.]

The Treatment of Endometritis.—On the 13th of last June, DUMONT-PALLIER communicated to the Academy of Medicine a new treatment of endometritis, by crayons of chloride of zinc and rye flour—1:2 (*Vide* OCCIDENTAL MEDICAL TIMES, vol. iii, p. 424). Between that time and October 1st, he treated by this method 70 cases of endometritis, either purulent or hemorrhagic, and his results fully confirm those already announced. Sixty-seven cases were cured without complication; in 28, menstruation was reëstablished before leaving the hospital service, and in nearly all the others since. Of the three other cases, two have slight cervical atresia, and the other one left the hospital before completion of the treatment, but still notably improved. Based on these results, DR. GRANDMAISON presents the following conclusions: (1) The treatment of Dr. Dumont-pallier furnishes admirable results. (2) The crayon itself affords a positive guarantee of antisepsis. (3) By its simplicity, by its ease of application, and by the certainty of cure, it constitutes an excellent method of treating endometritis; the more so since it may be undertaken by any physician who does not care to assume the responsibility of curetting, a bloody operation, necessitating vigorous antisepsis, which has not yet become a medical habit.—*Gazette des Hôpitaux*, October 22, 1889.

Intestinal Catarrh of Infants.—DR. DIAZ concludes a short paper as follows: (1) The pathogeny of intestinal catarrh of infants is to be sought chiefly in the use of indigestible foods, of which impure or decomposing milk is one. (2) By checking perspiration and producing a substitutional fluxion, cold is a frequent cause of such catarrh. (3) Difficult dentition produces catarrh by the irritant action of the saliva in the digestive organs. (4) Hydrotherapy, sulphate of quinine, and chlorate of potash are the best remedies for this condition.—*Progreso Ginecologico*, June 25, 1889.

Sloughing Intra-Uterine Fibroids.—DR. VAN DE WARKER relates five cases, and, based on these, enunciates the following rules and dicta: (1) The use of the curette is advisable to remove the sloughing periphery of an intra-uterine fibroid when the remainder is not removable on account of complications, excessive obesity, or extreme exhaustion. (2) The process of sloughing begins at the outer layers of the mass and extends, layer by layer, into its deeper structure. (3) Rapid dilatation of the cervical canal affords ample space for the manipulations of removal; sponge tents and other slow methods of dilatation are unnecessary. (4) Fibroids, formerly intrauterine, when extruded from the uterus and pendulous in the cavity of the cervix, with the pedicle therein attached, are rarely found in a sloughing condition. (5) A form of hystero-tetanus, without trismus, may follow either certain forms of blood-poisoning or uterine lesion. (6) Blanched mucous membranes in excessive and long-continued blood-loss, due to intrauterine fibroids, afford a certain indication that the limits of safety have been reached in operative treatment of sloughing fibroids, and a doubtful prognosis must be given. (7) Septicemia, with long-continued pyrexia, is necessarily a fatal condition when due to a sloughing fibroid, unless relieved by removal of the sloughing mass. Re moval, wholly or in part, is a life-saving operation, and is imperative. The operation is comparatively easy, and attended by little danger, except in cases of blanched mucous membranes.—*Annals of Gynecology*, October, 1889.

SURGERY.

By T. W. HUNTINGTON, B. A., M. D., Surgeon Southern Pacific Company's Hospital, Sacramento, Cal., and
J. F. MORSE, M. D., Surgeon German Hospital, San Francisco, Cal.

The Danger of Chloroform and the Safety of Ether as an Anesthetic.—The following timely suggestions are from a letter written to the *British Medical Journal*, by MR. L. H. ORMSBY. As to the dangers of chloroform and the comparative safety of ether, surely surgeons have had warning enough. Anesthetists of eminence, whose opinions are authoritative, have testified again and again in the strongest possible manner in favor of ether, and carefully compiled statistics have established that chloroform is at least eight times more dangerous to life than ether. It seems, therefore, nothing short of downright blind obstinacy or recklessness to adopt the most dangerous anesthetic known in the performance of surgical operations. During the past twenty years I have witnessed several very painful scenes at the operating table. The patient under the influence of chloroform suddenly ceases to breathe. Then follow moments of extreme anxiety, till the cheering signs of animation appear after resort has been had to almost every means recommended for such a condition. Such hairbreadth escapes, and the painful suspense and mental misgivings following such a mishap, should tend to make surgeons careful to select the agent which is the safest known, no matter what the issues may be. I do not say that deaths have not occurred occasionally during the administration of ether; for you can court a fatal issue with any anesthetic if, through ignorance or foolhardiness, you choose to push the administration to its utmost limits. But, if deaths have occurred from ether, it is because the patient was suddenly asphyxiated by an ignorant or inexperienced administrator, who probably did not know what he was doing during the administration, and was watching the operator or the operation instead of minding the pulse and respiration of the patient. I consider that a surgeon, I care not who he is, incurs a grave responsibility if he permits, without very good reason, a fellow being to be suddenly deprived of life by means of an agent which has been proved beyond doubt to be eight times more dangerous than ether. He certainly cannot be said to have given his patient the best chance, and the public will very probably view the matter accordingly.

The Surgery of the Liver.—In an exhaustive article on this subject in the *Edinburgh Medical Journal* MR. LAWSON TAIT says: "Dr. Marion Sims' brilliant though unsuccessful attempt in 1878 to perform cholecystotomy after the manner proposed by Jean Louis Petit, taught the great lesson, that in dropsy of the gall bladder, in hydatid tumors of the liver, in gall stones, we should not wait until the patient's strength is exhausted, nor till the blood becomes bile poisoned, producing hemorrhages, but we should make an exploring incision, ascertain the true nature of the disease, and then carry out the surgical treatment that the necessities of the case may demand." Mr. Tait was the first to perform this operation successfully after the proposal of Petit and the plan of Dr. Sims, and this being a typical case for solitary gall stone, it is given at length. E. W—, æt. 40, was admitted to the hospital August 18, 1879. Had been married 18 years, and had borne six children. Menstruation normal. During summer of 1878 began to suffer severe spasmodic pains in right side, these always being aggravated by walking, or lifting slight weights. In September a swelling was noticed at the seat of pain. During the winter the pain became more intense, appetite failed, and she suffered from headache and obstinate constipation. The seat of pain was over the right kidney, where there was a heart-shaped tumor, in which no fluctuation could be detected and which was extremely sensitive to the touch. The tumor was perfectly movable to either side, and all around it the note of intestinal resonance could be produced. An examination of the urine gave only negative results. August 23d the abdomen was opened in the middle line to the extent of four inches, the umbilicus forming the centre of the incision. The needle of the aspirator was passed into the apex of the gall-bladder and a quantity of white, starchy looking fluid drawn off. The gall-bladder was opened at the point of puncture so as to admit the finger, and a gall stone was found loose in the cavity. Another was found impacted in the entrance of the duct, evidently being the cause of the dropsical distention of the bladder. This was very difficult to remove, being adherent to the mucous surface. A careful and protracted lithotrity was performed until the nucleus could be removed and the remainder was broken up with a pair of fine forceps. The cavity was washed out repeatedly, and the wound in the gall-bladder stitched to the upper end of the wound in the abdominal walls by continuous sutures, leaving the aperture into the bladder quite open. The rest of the abdominal opening was closed in the usual way. Antiseptic precautions were used, and ether for the anesthetic. The patient rallied in a few hours and the wound was dressed the same evening at eleven, the dressings being stained with healthy bile. September 3d the dressings were discontinued and zinc ointment used instead. The wound was completely healed and the stitches taken out September 9th, when the patient began to take solid food, the diet up to that time having been restricted to milk and beef tea. On the 30th the patient was discharged restored to health, free from pain, and having gained 14 pounds. Of 55 operations of cholecystotomy performed by him, 52 of the patients have recovered, and not in a single case did the patient die from the operation. The remainder of the cases are in perfect health with one exception, and he says: "That exception has taught me that Dr. Sims laid down principles from which we are not likely to depart with any advantage." Three modifications of the operation have been suggested and put in practice; two of them are based on altogether fallacious reasoning and have not been successfully adopted in practice. The first, that of Sir Spencer Wells, is to open the gall-bladder, remove the calculi, and then close the bladder by continuous sutures without attaching it to the abdominal wall. Of this proposal he says: "If the duct happened to be occupied by a calculus at the time of operation, the wound at the base of the gall-bladder would not remain closed, but would speedily be torn open by the fluid secreted from the mucous walls of the bladder; and to me it is a matter of absolute impossibility to be perfectly certain, during the operation of cholecystotomy, that all the stones are removed from the duct. Again, if the stone had passed into the common duct, the bile would at once tear the incision open and pass wholly into the peritoneal cavity." He urges exactly the same argument against Langenbuch's proposal to remove the gall-bladder, and says: "This may be regarded as intrinsically absurd, for there can be no reason for removing any organ merely because it has some calculi in it. It has generally been supposed that gall stones are formed in the gall-bladder, but as a matter of fact they are formed in the kidneys, and their nuclei are certainly formed in the streams of bile as they flow through the substance of the liver. They are washed as small groups of cholesterine crystals into the gall-bladder, but most of them into the duodenum, where they are harmless. Gall-stone is therefore not a disease of the gall-bladder at all, and the only argument which has been urged for removing the gall-bladder, that it would prevent the recurrence of gall stones, is no argument at all for removing it; for even if the stones grew in it, if it were fastened, as in Petit's operation, to the abdominal wall, a very slight incision into its cavity would enable us at once to remove the offending contents. The only cases where the removal of the gall-bladder would be at all justifiable, would be where it is suppurating and greatly thickened; and in these cases, I venture to say, it would be an absolutely impossible operation." He avers that the one argument against cholecystotomy, that biliary fistulæ remain occasionally and permanently, really constitutes the strongest of all arguments against the rival operation of cholecystectomy and the greatest in favor of Petit's operation; the more by reason that we know now perfectly well that we can overcome the discomfort and trouble of biliary fistula very readily by making an artificial junction between the gall-bladder and an adjacent coil of intestine, in this way securing the return of the bile to its proper route. And a large number of cases of biliary fistula, resulting from a stone having been lodged in the common duct at the time of operation, may be relieved by cholelithotrity; that is, to make a fresh opening in the abdomen and crush the stone outside the walls of the duct by means of padded forceps. He divides the cases where gall stones are within the cavity of the gall-bladder into two varieties—solitary, that is those with rarely more than one companion; and numerous, which are practically indefinite in quantity. A typical instance of the operation necessary in a case of solitary gall-stone has already been described. An equally characteristic instance of the "numerous gall-stones" is now given: Lady, æt. 28. Suffered severe paroxysmal pain in right side, associated with a tumor, which appeared and disappeared. This tumor, which was movable, was situated in the right hypochondrium and was, he thought, distinctly cystic, also attached above. The abdomen was opened by a vertical incision over the tumor and the gall-bladder found, distended. This was emptied by means of the aspirator, removing about a pint of thick glairy mucus; then it was laid open and about eight gall stones o

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small size—the largest weighing about fifteen grains—were removed, with the curette, chiefly. The aperture in the gall-bladder was then carefully stitched to the wound in the abdominal wall, closing the peritoneum and leaving a drainage tube in the gall-bladder. The patient's recovery was uninterrupted. Highest temperature, 100.4° F.; highest pulse, 84. The stitches were removed on the eighth day, the drainage tube on the twentieth day. In ten days there was only a small sinus left. As an illustration of how impossible accurate diagnosis within the abdomen really is, he gives the case of a patient who was sent to him with a large abdominal tumor, which presented all the appearances and physical signs of a parovarian cyst, and as such he had no hesitation in regarding it. On emptying the tumor he found it to be a gall-bladder, enormously distended, from which about eleven pints of clear, gluey fluid were removed. It is certainly an astounding record to make, that a distended gall-bladder was mistaken for a parovarian cyst, and that the operation of cholecystotomy was performed in the middle line below the umbilicus.

The Diagnosis and Operation for Stenosis of the Pylorus.—During sixteen years PROF. ANGERER has operated (*Archiv. f. klin. Chirurgie*, Vol. XXXIX, No. 2,) sixteen times for carcinomatous and cicatricial strictures of the pylorus. He detects the presence of a tumor of the stomach by distending it with gas by Ziemssen's method; 6–7 gm. of bicarbonate of soda are administered, followed rapidly by 5–6 gm. of a solution of cream of tartar; or the stomach is pumped full of air through a soft rubber tube. The latter method is the least dangerous. The only cases in which a resection of the pylorus can be made are when the latter is free from adhesions to surrounding organs. This may seem so by manipulation, but can only be definitely determined by the inflation of the stomach. An important factor is to settle in which direction the pylorus is normally dislocated, by distension, if no adhesions are present. In order to verify his ideas, Prof. Angerer experimented upon the cadaver and found that if the pylorus of a healthy stomach be closed by ligature, and that organ then be inflated, it always moves to the right, and at the same time somewhat downwards, the greater and lesser curvatures presenting themselves in front, turned toward the abdominal wall. This change of position may be regarded as normal, and the question arises as to how far a variance from it justifies the opinion of its adhesion to one or another adjacent organ. He cautions us never to overlook the fact that the stomach may be fixed to movable organs, in which case its distension would not be a sufficient means of diagnosis. Intimate adhesions of the pylorus with the diaphragm and liver show themselves clinically by the movement of the tumor with respiration, a most important clinical sign in deciding upon the advisability or inadvisability of operation. Prof. Angerer lays particular stress upon the difficulty encountered in the determination of adhesions with the pancreas. To arrive at some conclusion in regard to the matter, he performed the following interesting experiments on the cadaver. The pylorus (occluded by means of a ligature) was stitched to the head of the pancreas and the stomach distended. It was then observed that the pylorus was dislocated but a short distance to the right, at the utmost about 1 cm., and at the same time it was drawn back further, a flexure of the stomach being produced in front of the pylorus. If, on the other hand, the pylorus be attached by long sutures to the pancreas, it assumes readily its normal position. It is perhaps possible to state, under similar circumstances in the living, (the disappearance of the tumor after distension) that it originates from the posterior wall of the stomach, when it may readily become adherent with the pancreas. Should the tumor move to the right, then we may decide that the adhesions are ribbon-like, and the operation of pylorectomy feasible. He cites at this point a case in which he actually found this state of affairs at an operation, after he had determined the fixation of the tumor by distension of the stomach. The results of his observations are summed up as follows· "Only when a normal movement of the pylorus and tumor takes place is it feasible to perform a typical resection. Should there be slight changes in the position of the tumor, a guarded opinion must be given, as that may be due to a simple twisting of the same upon an already fixed pylorus. Movements upwards or to the left also indicate intimate adhesions, as I have been able to observe in some cases. Attention should be drawn to one more point, mentioned by Ebstein, the incontinence of the pylorus. This may be determined by the stethoscope, when the rapid passage of the gas from stomach to intestine is readily heard. This incontinence occurs when the tumor is in process of disintegration. If, in addition to this incontinence, the pylorus is fixed, there is no occasion for operation, as resection is impossible and gastro-enterostomy not indicated, there being no stenosis present." Prof. Angerer reports a case in which these symptoms were present. A laparotomy was made, and the stomach and mesocolon were found matted together in a carcinomatous infiltration. In addition, metastasis to the liver had taken place. Another interesting case was one in which he made a gastro-enterostomy. On dilating the stomach, it appeared as a hard, stiff tumor against the abdominal wall, and the procedure occasioned the patient great pain and exhaustion. Several days afterwards the operation was made, and an infiltration was found extending along the greater curvature and into the anterior wall of the stomach. He therefore believes that with such conditions, on inflation, an extensive infiltration of the stomach exists. He made six typical resections of the pylorus. One woman lives in the best of health two years after the date of operation, and is able to digest the heartiest food. It was an extensive resection for a cicatricial stenosis, the piece removed measuring 20 cm. along the great curvature and 12 cm. along the lesser. Two cases died two or three weeks after the operation, and the other three at the end of a few days. One individual, in whom he had great difficulty in suturing on account of the soft and vascular condition of the stomach, and in whom he finally was obliged to cover the whole wound with a wedge-shaped piece of omentum (Senn's method) succumbed three weeks afterwards to croupous pneumonia. The autopsy showed the transplanted omentum firmly healed to the subjacent tissues. He has also made six gastro-enterostomies, one case being much improved, still alive and able to follow his occupation as a bricklayer. One died three weeks after operation of inanition, as the coil of intestine had been taken far down from the ileum. The plica duodeno jejunalis should be first sought for, and a coil of intestine from that region chosen for insertion into the stomach. All the other cases died in the first week from exhaustion.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

By Wm. Ellery Briggs, M.D., Sacramento, Cal.

Treatment of Glaucoma.—Mr. Jonathan Hutchinson presents the following propositions as conclusions arrived at from his experience, concerning the causation and treatment of glaucoma: (1) As a rule, a free iridectomy is the safest and best treatment for all forms of primary glaucoma. (2) It is always well to use eserine before resorting to operation. In a small minority, eserine will be found to completely relieve the symptoms; and in a still smaller, the relief given by it may be permanent. (3) The continued use of eserine will very seldom suffice to prevent the recurrence of glaucomatous tension; and in any case in which, in spite of it, the sight is declining and the field contracting, an operation should be resorted to. (4) The cases in which eserine is most useful are, first, those in which the disease has been induced by atropine; and, next, those in which the disease recurs after long intervals. (5) The more nearly any case approaches to the type of acute glaucoma, the more probable it is that iridectomy will put an end to the process. (6) The more absolutely simple the case is; that is, the more entirely free from pain, congestion, perception of halos, etc., the less there is to be hoped from an operation. (7) Cases of simple glaucoma are not, as a rule, benefited by the continuous use of eserine; and the choice lies between letting the disease run its course and an operation. The progress of simple glaucoma is often very slow, and the interval is often long before the second eye is affected. (8) It follows from the last proposition, that if simple glaucoma occur in an old person, or one in feeble health, the patient's sight may easily last out his life. (9) Iridectomy for simple glaucoma is often followed by immediate deterioration of sight and advancing pallor of the disc, with or without recurrence of increased tension. It can by no means be regarded as a harmless operation. When iridectomy is done for simple glaucoma, it should always be done very freely, and the patient should be prepared for the possibility that a second operation may be requisite. (10) In the first instance, iridectomy is preferable to sclerotomy; but if a relapse have occurred then the latter may, in the hands of one well experienced in its performance, be a better procedure for a second operation. (11) A certain number of glaucoma cases, especially of those occurring in young adults, are in association with a definite inherited tendency to gout, and should be treated in reference to that fact. (12) A certain class of cases of secondary glaucoma, especially those in connection with iritis, cyclitis, etc., are susceptible of permanent relief by eserine, and do not require an operation. This remark probably applies to most cases of increased tension in association with interstitial keratitis. (13) Although, as has been admitted, the prognosis after operation for simple glaucoma is always doubtful, it is yet the surgeon's duty to resort to operation in all cases in which the disease is definitely advancing, very old patients being alone excepted. (14) If after an operation for glaucoma, recovery has once been well established, and the increase of tension completely relieved, it is very rare indeed for the disease to recur. Eyes once saved usually wear well. This remark applies to acute, sub-acute, and chronic cases.—*Ophthalmic Review*, October, 1889.

It is of interest to compare the conclusions arrived at by Mr. Hutchinson with those of DR. LOZHETCHNIKOFF, of Moscow, who, after performing more than a thousand operations for glaucoma, formulates the following conclusions: (1) In all forms and stages of glaucoma, except the prodromal stage, one or other operation is indicated. (2) Neither is capable of radically curing the process, but may check it for a longer or shorter time. (3) Sclerotomy may be repeated with advantage an indefinite number of times. (4) In certain cases (which cannot probably be diagnosed) an operation has a bad effect; either leading to increased intra-ocular tension, or to atrophy, preceded by hemorrhage into the vitreous, detachment of the retina, etc. (5) Experience teaches that there is indication for one or other operation afforded by the particular form and stage of the disease. (6) Generally speaking, iridectomy is the more hopeful operation, as its favorable influence has been longer known, and found to last longer. (7) Iridectomy is indicated and most successful in chronic and sub-acute forms of glaucoma, as evidenced by various statistics. (8) There are cases in which it is incomparably more difficult to perform iridectomy, and in which, at the same time, a technically perfect operation is of the utmost importance to secure success. Such are cases of acute and absolute glaucoma, with acute exacerbations. In these cases sclerotomy is markedly preferable. (9) But the action of sclerotomy in acute glaucoma is, for the most part, merely a preparatory one; iridectomy is generally required in addition, when the sub-acute stage is reached, as a consequence of the first operation. (10) Owing to cosmetic and optical advantages, sclerotomy is preferable; and, therefore, to be selected when an operation is indicated in the initial stage of the disease. (11) Sclerotomy is indicated for simple glaucoma. (12) Sclerotomy is indiccated in all cases where there is danger of escape of vitreous, as in hydrophthalmus. (13) Iridectomy is preferable in all cases of secondary glaucoma, due to anterior or posterior synechiæ and choroidal cicatrix. (14) The duplex operation is best when sclerotomy is performed. (15) Snellen's proposal, to perform iridectomy, leaving the pupillary margin intact, (dilatatorectomy) deserves attention, and may be expected to give good results combined with sclerotomy (sclero-dilatatorectomy). (16) Myotics are useful, but alone in the premonitory stage, and as a means of facilitating operations in other stages. Pilocarpine, especially, is of value in the first operative stage of treatment.—*Bestnik Ophthalmologi.*—*Opthalmic Review.*

SYPHILIS AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M. D., Sacramento, Cal.

AND

DERMATOLOGY.

By D. W. MONTGOMERY, M. D., Professor of Pathology, University of California, San Francisco.

Change of Color in a Cock's Feathers From Fear.—An inhabitant of Plantières, in the neighborhood of Metz, sent the following communication to the Metz *News:* "I have a Spanish cock, possessed of a beautiful black coat of feathers, without a trace of any other color. This proud Spanish Don while out one evening, in all probability on a voyage of discovery, happened to get into a pigpen. These plebians, not being at all hospitably inclined, treated him shamefully, and would assuredly have killed him, if his woful cries had not attracted help. He was freed from his anxious position and carried safely back to his harem. A sufficient punishment for undue curiosity in prying into his neighbor's affairs would have been the loss of a few tail feathers, but the gods did not so will it, and the next morning the cock, that the day before had wandered through the garden clad in youthful beauty, now appeared in the hen yard hoary with age. The feathers of the head had become completely white, and on the back and neck about half of the feathers had changed color, so as to give him a speckled appearance."—*Monatshefte f. Prakt. Dermatologie*, Feb. 1, 1889.

Ainhum and Congenital Amputations.—Ainhum is a disease first described by a Brazilian physician, da Silva Lima, consisting of a spontaneous amputation of one or more of the toes by a cicatricial band. The fifth is the toe usually affected, although in some cases the fourth is also implicated, and sometimes the disease is bilateral. The appearance of the disease has been graphically described as "if a thread be thrown around a wax model of a toe in such a way as to fall behind the head of the first phalanx, and then drawn gradually tighter and tighter, so as to cut a deep furrow, allowing the distal part to remain attached by a small central pedicle." After a time the distal portion either drops off, or is removed by amputation, leaving a stump, which heals quickly and kindly. This disease occurs in the negro race only. Lately an attempt has been made to class ainhum with congenital amputations. JULES ROUGET combats this idea, indicating at the same time the following points of differential diagnosis: *Ainhum*—(1) A disease of adult life, never appearing before the twelfth year. (2) Occurs principally in males. (3) Occurs in the negro race only. (4) The toes alone, especially the fifth, are affected. (5) The disease usually affects only one toe, sometimes two (5th and 4th), and sometimes the toes of both feet are affected successively. (6) The lesion consists of an annular groove, cutting off the member slowly and remorselessly; the disease never is rapid, and is always progressive. (7) Not associated with any other malformations. *Spontaneous Congenital Amputation*—(1) A congenital affection solely. (2) Equally frequent in the two sexes. (3) Occurs in both black and white races. (4) Toes and fingers, feet and hands, sometimes all four extremities, may be affected in the same individual. (5) The lesions are always multiple, and all the members implicated are affected at the same time. (6) The strictures are multiple, have no special localization, and, instead of advancing, gradually disappear, or become less apparent. (7) Frequently associated with club foot, hydrocephalus, spina bifida, or perforating ulcer.—*Gaz. des Hôpitaux*, Sept. 10, 1889.

Chronic Blenorrhea and its Treatment.—DR. DU CASTEL, whose experience in this field has been very great, has arrived at the following conclusions regarding the treatment of the disease: Internal medication is of great service in the acute stage of blenorrhea, and has a marked action upon the disease. It should not be given in huge doses, but in small doses and long continued. Local treatment is best in chronic blenorrhea. The application of caustics directly to the diseased mucous membrane, as shown by the endoscope, medicated bougies and powders may be of some service, but all these are inferior to the present methods of injection, lavage, and instillation. Of these the two first are most often indicated in acute blenorrhea—lavages seem to be more efficacious than injections, while their application is more difficult. Of all agents employed locally, those by instillation seem to act the most successfully. In using the nitrate of silver, a 2 per cent. solution is preferable.—*Bulletin Général de Thérapeutique*, Oct. 15, 1889.

New Drugs in Local Venereal Diseases.—E. SCHWIMMER gives the result of his experience (*Wiener med. Wochenschr.*) with some of the newer therapeutic agents in the treatment of local manifestations of venereal disease. Salol (2:1 amylum) has proved valuable in venereal sores and in inflammations, going on to induration; but it was of no avail in shortening the course of the disease. It heals the denuded surface quicker than iodoform. It is possible, by its use, to prevent a phagadenic character of the ulceration, but the treatment lasts longer than with iodoform. In uncomplicated affections of the neck and of the mucous membrane of the bladder, 45 grains of salol, and up to 90 grains a day, are used with advantage. The action of oxynaphthol acid in venereal affections was not satisfactory, but in scabies and prurigo it was quite beneficial. In scabies the ointment prescribed was Acid Naphthol., Cret. Alb., Sap. Vir., aa. 10; Unguent. ad. 100. Salicylate of mercury is included under the preparations of mercury, and is successful in its internal use, particularly where a strong impression on the system is desirable. He has also tried anthrarobin and verifies the observations of Köbner that in psoriasis, it is entirely inert. While it proves efficacious in parasitic disease, as herpes tonsurans, pityriasis versicolor, etc., there are many drugs just as efficacious and of superior advantage in other ways.—*Centralblatt f. klin. Medicin*, No. 40, 1889.

Inoculation of Leprosy in Man.—At a recent meeting of the German Dermatological Society, DR. ARNING reported, in detail, the case of Keanu, the Hawaiian, upon whom he had inoculated leprous matter. This man had been condemned to death for murder, but had his sentence commuted to imprisonment for life on condition of allowing himself to be inoculated with material taken from a leper. The subject of the experiment was a large, well built Kanaka, to all appearances of robust health, no sign or history of syphilis or leprosy, and no history of leprosy in his family on either side, or in his children. He was inoculated September 30th, 1884, with pus taken from a granulating leprous ulcer on the chin of a girl, nine years of age, suffering from well marked tubercular leprosy, and having at the very time an attack of leprous fever. Some of the pus was injected into a blister raised for the purpose on his right forearm, another portion was rubbed into scarifications on the lobe of his left ear, and, for accuracy's sake, the pus was examined for lepra bacilli, which were shown to be present in immense numbers. A fresh lepra tubercle was then taken from the same child, placed in a deep incised wound made in his left forearm, and held in place with sutures. We shall now see how the process went on step by step, till, in February, 1889, the unfortunate subject of this most interesting experiment was remanded to the leper colony in the last stages of the disease. In a few days it was seen that the lower third of the tubercle inserted had grown fast to the surrounding skin, the rest of the graft breaking down into a pulpy mass. This, in all likelihood, was the place from which infection spread. For, while the blister and the scarifications healed in a short time, leaving no trace, one symptom after another developed in the left upper extremity. Inside of four weeks he began to complain of rheumatoid pains in the left shoulder, followed by similar pains in other joints of the same limb. And, in spite of good surroundings and a good table, he began to run down in health. This was the more striking, because his surroundings were much better after the inoculation than before. Then followed painful swelling of both the ulnar and median nerves of the left arm. By the end of 1884, his general health had again improved. The ulcer where the tubercle had been inserted, had completely healed by the beginning of the year 1885, but the scar was keloid; the rheumatoid pains began sensibly to diminish in intensity, and the median and ulnar nerves became less sensitive to pressure. In the middle of the fifth month *there developed in the keloid scar a yellowish, waxy-looking, translucent granuloma, about the size of a lentil.* In juice, taken from this granuloma, vast numbers of well formed, and well stained lepra bacilli were demonstrated. Some of these bacilli were free, but most of them were enclosed in large epitheliod cells, and others in cells the size of a white blood corpuscle. There was relatively little spore formation. The granuloma disappeared gradually, but the keloid scar increased in size, and lepra bacilli were found in it as late as January, 1886, fifteen months after inoculation. In June, 1886, Dr. Arning left Hawaii to return to Germany, and unfortunately the disturbed state of the Islands, owing to a political uprising, interfered with regular observation, and nearly a year elapsed before scientific observations were again taken. On November 10, 1887, more than three years from the time of inoculation, Dr. Emerson declared Keanu a leper. The face and ears were most severely affected, the skin of the ears being thickened and hypertrophied, and that of the face thickened and reddened. There was neither anesthesia nor pain, and the scar on the left arm was keloid. During the year 1888, he must have gone down hill pretty rapidly, as in February of 1889, he was remanded to the leper colony, being in the last stages of the disease. Dr. Arning believes that the course of the disease speaks very decidedly for a causitive relationship between the inoculation of the lepra tubercle, and the subsequent leprosy. He is also inclined to the opinion that the rheumatoid pains in the joints of the left arm, and the accompanying neuritis in the left ulnar and median nerves were the first indications of the spread of the infection. It is contrary, however, to his ideas of the nature of leprosy to infer from this case an incubation of four weeks. He is of the opinion that in leprosy there is no such period of incubation, and that we must be careful not to infer its existence because of the presence of such a period in syphilis. The parallel between tuberculosis and leprosy is much more striking than between leprosy and syphilis. The poison of leprosy stealthily gains an entrance into the human body through unknown channels, and without the development of any primary lesion whatever. Having gained an entrance, it sooner or later becomes localized in the peripheral nervous system, where it may remain for years; afterwards it may spread, either slowly and steadily or by pronounced attacks, over the whole system.—*Ergänzungs-Heft zum Archiv. f. Dermatologie u. Syphilis.*

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M. A., M. B., C. M., Professor of Clinical Medicine, University of California, San Francisco.

Jaborandi as a Parturifacient.—Pilocarpine has been proven to possess a powerful action on the uterus, and it has been employed to a considerable extent as an abortifacient. PROF. SCHAUTA, of Prague, has used the drug to increase uterine contraction in more than forty cases of labor, and reached the conclusion that the influence of pilocarpine upon the uterus is a very powerful one, although it varies greatly, according to individual susceptibility. In 1881 Van der Mey made experiments upon pregnant rabbits, from which he obtained similar results; while Gigollet has reported the case of a woman in whom premature labor was twice induced by the administration of pilocarpine. Prof. Schauta gives the following rules for the administration of pilocarpine: After careful examination of the organs of respiration and circulation, I would administer on the first day, if necessary, as many as three injections of a two per cent. solution. If by the second day no contractions had supervened, I would use not more than two injections of a three per cent. solution; and finally, on the third day, one or two injections of a four per cent. solution, always employing the muriate of pilocarpine. If I obtained no action by the fifth day, I would resort to other measures. It would be absurd to abandon the use of muriate of pilocarpine, which has proved itself such an excellent ecbolic remedy in some cases, simply because it has not been found active in all cases when used in a two per cent. solution.—*Journal American Medical Association*, Sept. 14, 1889.

Hot Air Inhalations in Pulmonary Tuberculosis.—Dr. E. L. TRUDEAU reports some cases of phthisis treated by the hot air inhalations, which indicate that this form of treatment, like its predecessors, will, in all probability, prove a failure. The improvement which manifested itself in one case, though marked, was no greater than was observed to occur at the same time from climatic and hygienic treatment alone, in several of the man's fellow patients. The question whether this might not be due to diminished virulence of the bacilli was settled in the negative by inoculation tests, to which his sputum was subjected. As the method was introduced by Weigert on a purely antiparasitic basis, it was necessary that this feature should be specially investigated. The sputum in all four cases was examined before treatment, at intervals of five weeks during treatment, and as soon as it was abandoned. In every instance the bacilli were found. No appreciable influence, therefore, was producep upon this most important element of the disease. The claim of diminished virulence was tested by injecting the sputa of the patients into the thoracic cavity of rabbits, before treatment, and at intervals of five weeks during treatment. Each set of rabbits was killed five weeks after the injection, and the autopsies showed that all of them had developed tubercular lesions containing bacilli. Five weeks being very nearly the earliest date at which secondary tubercle distant from the original lesion appears, microbes capable of causing such manifestations within this limited time can have lost none of their virulence. No diminution in the pathogenic properties of the bacilli seems, therefore, to have been produced by breathing heated air. It is probable that the temperature of the air-cell itself can be influenced but very slightly by the inhalations. The intense vascularity of the lungs, the fixed temperature of the blood circulating through them, the moisture and infinite subdivision of the surfaces, and the very slow admixture which takes place between the residual and the tidal air, all conspire to rob the incoming air of its heat, and to confine the possible variations of temperature in the air-cell within very narrow limits. The inference, that because the expired air measures as high as 113° F., the air in the air-cells must necessarily be much warmer, is fallacious, for the expired air is in a great part composed of the last inspiration, still surcharged with its recently acquired heat. He concludes: (1) The therapeutic value of hot air inhalations in phthisis is doubtful. (2) The evidence obtained by the bacteriological study of the cases presented does not confirm the assumption that inhalations of heated air can either prevent the growth of the tubercle bacillus in the lungs of living individuals, or diminish the virulence of this microbe when it has gained access to them.—*Medical News*, September 28, 1889.

Antipyrin in Diabetes.—Since the attention of the profession was called to this subject, two years ago, the drug has received numerous trials, and if the experience of observers be received, it must be said of antipyrin that, excepting opium, it is the only drug to which a direct and efficient controlling power over glycosuria can be ascribed. The precise position of the remedy cannot yet be stated, but the experience of French physicians leads to several conclusions: (1) It is most efficient in the milder forms of the disease. (2) The method of administration consists in giving fifteen grains of antipyrin with thirty grains of sodium bicarbonate four times daily, one hour before or after meals, and this is kept up for from eight to twelve days. Then the treatment is suspended, to avoid albuminuria or other toxic effects, until the sugar again returns or increases, say for a week. When the patient is taking antipyrin, a moderate amount of starchy food may be given. (3) The drug does not cure diabetes; it is simply palliative. (4) Antipyrin should be cautiously used in cases of nephritis, on account of its well known tendency, in large doses, to produce albuminuria. Very probably antipyrin acts through some influence on the medulla oblongata.—*Medical News*, September 28, 1889.

Sulphonal in Night Sweats.—DR. BOETTRICH finds that sulphonal is equally powerful with atropine in controlling night sweats, and at the same time is less liable to produce toxic symptoms. His attention was first called to the fact when prescribing seven grain doses of the drug for a lady patient, who was suffering from insomnia, and who was also troubled with night sweats. Further experience with the drug confirmed his original opinion, and led to the conclusion above mentioned.—*Medical Press and Circular*, October 21, 1889.

The Influence of Olive Oil on Biliary Secretion.—The usefulness of olive oil in hepatic colic seems to be substantiated by the recent experiments of ROSENBERG, who, in dogs with permanent biliary fistulæ, finds that large doses of olive oil greatly increase the flow of bile and decrease the specific gravity. If future experiments prove the accuracy of the statements that olive oil assists the passage of calculi, not, as maintained by the supporters of the treatment, as a lubricant, but by increasing the secretion of bile and washing out the gall stones, it will probably be widely adopted if the patients do not object to the dose.—*Medical News*, October 26, 1889.

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M. D., Demonstrator of Pathology, Cooper Medical College, San Francisco, Cal.

The Treatment of Phthisis with Bichloride of Mercury and Potassium Iodide.—DR. JOHN R. HALL refers to the experiments of Keyes, showing the effects of small doses of mercury in modifying the number of red blood corpuscles in syphilis. The following essential conclusions were deduced by Keyes: (1) Mercury decreases the number of red blood corpuscles when given in excess. (2) Mercury, in small doses, continued for a short or long period in syphilis, alone or with the iodide of potassium, increases the number of red corpuscles in the blood. (3) Mercury, in small doses, is a tonic for a time, at least, to individuals in fair health, not syphilitic. Guided by the foregoing conclusions, he administered small doses of bichloride of mercury, with potassium iodide, to patients suffering from phthisis, with results "no less surprising than gratifying." The mercury was given in doses ranging from the thirty-second to the sixteenth of a grain; the potassium iodide in from two to five grain doses. He believes that this remedy has arrested the disease in its incipiency in persons to whom it has been administered, who were members of families which he had seen almost decimated by acute tuberculosis. Bichloride of mercury, in his opinion, acts in phthisis primarily through the nutritive processes.—*American Journal of the Medical Sciences*, November, 1889. [Dr Hall says "he has searched all the medical literature within reach for the history of any use of the mercuric chloride in phthisis, and finds only one reference to it. I had for a time used this preparation as an inhalant with the pneumatic cabinet, for its supposed germicidal action, without noting any special results. It was discontinued after the publication of Cornet's experiments, which demonstrated that in animals inoculated with tuberculous material the bichloride, even in maximal doses, had no influence upon the progress of the disease. Iodide of potassium as an expectorant, even in small doses, is excellent.—A. A.]

Insantaneous Diagnosis in Nervous Diseases.—PROF. W. ERB groups the characteristic symptoms of many nervous diseases which allow of an immediate diagnosis. *Tabes dorsalis* is, as a rule, easy to diagnose; although, even at the present time, it is mistaken for myelitis, spastic paralysis, neuritis, etc. The diagnosis of this affection can at once be made, when the patient enters the room with an ataxic gait, when he complains of lancinating pains, double vision, weakness, tired feeling, and paresthesiæ of the legs, vesical and genital weakness. An examination of the eyes will show contraction of the pupils, and a failure of the latter to respond to light. The patient will totter with closed eyes, and the knee-jerk is abolished. *Parkinson's disease,* or paralysis agitans, is also capable of immediate diagnosis. The marked inclination of the body forwards, the attitude of the fingers, as if employed in holding the pen, the immobility of facial expression, the peculiar gait, as if the patient were about to tumble forward, all give, when combined with the peculiar tremor, a characteristic picture. The tremor is not always essential in making the diagnosis, for there are cases in which this symptom is permanently absent. Here is a child, a young man or woman, you hear that they are troubled with paroxysms of tonic muscular spasm in the hands or legs. If, now, with the end of the finger, or a lead pencil, a vertical stroke is made running from the temporal region to the lower jaw, and a rapid contraction of the facial group of muscles occurs, the diagnosis of *tetany* can with certainty be made. The diagnosis is confirmed when, after the nerve trunks of the arm are struck, violent contractions of the muscles ensue; or when, by application of the galvanic current to the nerve trunk, cathodal closure tetanus and anodal closure tetanus are rapidly developed with even weak currents, the muscles showing no increased irritability. Again, you hear, from a young person, complaints with reference to a weakness and stiffness of intended movements. You ask the patient to grasp your hand, and he will be unable, when told, to immediately loosen his grasp. Now strike the exposed deltoid muscle, or the biceps, and an energetic contraction, lasting many seconds, occurs. This is *Thomsen's disease,* or myotomia congenita. If the symptomatic picture is to be completed, use the faradic and galvanic currents. The nerves show normal irritability; the muscles, on the contrary, are irritable and qualitatively changed (myotomic reaction). Besides the tendency of the muscles to tonic spasm during attempts at voluntary movement, and the myotomic reaction, absolutely nothing else abnormal is found, other than the disproportion existing between the well-developed muscles and the weakness of the patient. *Basedow's disease* (exophthalmic goitre): the well-known symptoms, exophthalmos, pulsating struma, and cardiac palpitations, are so characteristic that the affection is at once recognized. Cases exist, however, where the exophthalmos is absent, or the thyroid gland not enlarged. In such cases the cardiac palpitations and acceleration of the pulse (120 to 160 beats per minute) without manifest cardiac change, auscultation of the pulsating struma, the feeling of weakness and tremor, the tendency to sweating, sleeplessness, and diminished electrical conduction resistance of the skin, are symptoms of value in undeveloped forms of Basedow's disease. If a child is brought to you with weakness of the legs, clumsiness in walking, and difficulty in rising from the recumbent or sitting position, you ask to have the clothes removed and proceed to examine the patient more carefully. A waddling movement is noticeable, together with lordosis in the lumbar region. The thighs are characteristically attenuated when contrasted with the muscles of the calf, which are increased in size. When the child is raised from the arms, the shoulders ascend to the ears and the head sinks between the shoulders, so that difficulty is experienced in lifting it in this manner, so readily accomplished in healthy children. The failure is attributed to the inability to fix the shoulders below. This is *distrophia muscularis progressiva.* The individual forms of this disease can at once be recognized. The pseudohypertrophic form by the increase in size of the muscles, which is not proportionate to their motor power; the juvenile by the more severe involvment of the upper half of the body, the pronounced atrophy and relatively late development of the affection; the infantile by the early invasion of the face. *Infantile paralysis* (poliomyelitis anterior acuta). In these cases the child presents an atrophic paralysis of one or more extremities, whereas individual muscles, or muscle groups, are exempt. The sphincters are intact, and the affection has occurred suddenly. Sensation is not involved, and the tendon reflexes in the affected muscle regions are absent. The examination is completed when the reaction of degeneration is determined. *Multiple sclerosis:* intentional tremor of the hand, shaking of the entire body when an attempt is made to rise or walk, scanning speech, nystagmus, spastic paresis of the legs, and history of headache, vertigo, vesical weakness, etc., constitute the characteristic symptoms of this disease. *Progressive bulbar paralysis:* Difficulty in articulation, nasal voice, thin lips and with difficulty moved, the inability to protrude an atrophic tongue in which fibrillary contractions are observed, difficulty in swallowing, etc. *Amyotrophic lateral sclerosis:* This affection shows a combination of atrophic paresis with increased tendon reflexes in the upper, and spastic paresis in the lower extremities.—*Deutsche medicin. Wochenschrift*, October 17, 1889.

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

By A. W. Hoisholt, M. D., Assistant Physician, State Asylum for Insane,
Stockton, Cal.

The Scientific Classification of Insanity.—Dr. Joseph Jones critically considers the leading classifications of the forms of insanity, from the primitive one of Hippocrates and Pinel (mania, melancholia, and dementia) to the recent elaborate classification proposed by Dr. F. H. Kellogg, presenting the various forms of insanity under the divisions of two groups, nine classes, twenty-five orders, and thirty-six genera. After discussing at length the classifications of Griesinger, Pritchard, Esquirol, Krafft-Ebing, Schroeder van der Kolk, Morel, Tuke, and Kellogg, he finds Tuke's classification, which is based on pathology, more scientific, as well as more convenient, than the division according to the predominant mental symptoms adopted by Krafft-Ebing and others. The following system, adopted by Dr. J. Batty Tuke, is based upon those of Schroeder van der Kolk (1852) and Morel (1860): 1. Idiopathic insanity—(*a*) mania; (*b*) melancholia; (*c*) dementia; (*d*) general paralysis of the insane. 2. Traumatic insanity. 3. The insanities associated with other neuroses—(*a*) epileptic; (*b*) hysterical; (*c*) hypochondriacal. 4. Insanity resulting from the presence of adventitious products. 5. Insanities resulting from morbid conditions of the general system—(*a*) phthisical; (*b*) rheumatic; (*c*) gouty; (*d*) syphilitic; (*e*) anemic; (*f*) from sunstroke. 6. Insanities occurring at evolutional periods—(*a*) of pubescence and adolescence; (*b*) climacteric; (*c*) senile; (*d*) puerperal; (*e*) of pregnancy. 7. Toxic insanity. Dr. Tuke has observed that mania, melancholia and dementia are merely symptoms of brain disease, varying widely in kind and degree, and running closely one into another. There use is, therefore, generally misleading, even as indicating the mental condition of a patient. It is undoubtedly true that, in a proportion of the insane, there is a general predominance of one or the other of these conditions; but it is equally true that there is an equal proportion to which the application of any one of these terms is open to question. To say of a man that he is maniacal, is not saying more than to say of one who has lost the power of one of his limbs, that he suffers from palsy. It is by a careful record of all the mental and physical symptoms of the insane during life, and by accurate *post-mortem* examinations of all the organs, and more especially of the cerebro-spinal and sympathetic nervous systems, that we may finally be enabled to group together conditions mentally and physically similar, and ultimately contribute to the building up of a more perfect system.—*Virginia Medical Monthly*, November, 1889.

Puerperal Eversion of the Cervical Mucosa from a Medico-Legal Standpoint.—Dr. H. B. Hansen says that as the everted cervical mucosa in the non-puerperal uterus was formerly considered to be an ulcer, so puerperal eversion was also thought to be of this nature. Lieven and Winckel, who first made a series of specular examinations in puerperal women, were of this opinion. Nieberling (1879), amongst others, proved this to be a mistake. Upon examination of a series of cases, similar to those of Lieven, he saw the same picture and found it just as frequently; but he proved that what appears to be an ulceration is only the everted mucosa, and that the eversion is physiological, as far as the puerperal period and the latter part of the pregnancy is concerned. From these and other observations (Fischel's and Charpentier's) it appears that eversion may, as a rule, be seen upon examination with the speculum during the puerperal period, and that it is observed less frequently on the eighth and ninth day, than during the first few days following labor. Observations as to the character of the eversion later on, have been very imperfect, on account of the scarcity of material for continued examinations beyond the real puerperium, excepting a few pathological cases, from which no conclusion can be drawn. Dr. Hansen has made 130 examinations in 33 women, who had passed through a normal puerperal period following a natural labor. The examinations were made as follows: 25 on the tenth day, 27 on the fifteenth, 21 in three weeks, 18 in four weeks, 16 in five weeks, 12 in six weeks, 6 in seven, and 5 in eight weeks after birth; 21 of the women were I-paræ, 9

II-paræ, and 3 III-paræ. "Puerperal eversion," he understands to be the turning inside out of the portio vaginalis, with exposure of the cervical mucosa observed by specular examination of puerperal women. It is therefore a more or less artificial phenomenon, and not a picture of the cervix in a condition of anatomical rest. After giving a detailed description of the specular pictures obtained, he says that the examination will have a distinctly positive result in most women when it can be commenced in the third or fourth week. Even after five or six weeks it will frequently be possible to produce a distinct eversion, which upon successive examinations proves perceptibly smaller or disappears altogether. In the cases subjected to medico-legal inquiry, we may expect a protracted course of the involution, because such women can not be careful of themselves and are not nursing. The physician will, as a rule, only be able to say that he is dealing with a puerperal state, which in nearly all cases is a valuable information. He directs attention to the fact that the successive examinations should be made by the same hand, just as in medico-forensic soundings of the uterus, because the extent of the eversion depends upon the pressure exerted by the speculum. The diagnosis of a puerperal state may, as is well known, be a very difficult thing when a couple of weeks has elapsed since the birth. In a number of cases involution of the uterus will be the only positive evidence, and is best obtained by soundings, which have very considerable advantages over inspection of the cervix. But the introduction of the sound may be contraindicated, and sometimes the involution may take place so quickly that the natural dimensions may be present a few weeks after birth. Observation of the changes taking place in the eversion may in such cases be a valuable aid, especially as the involution of the entire uterus, and that of the cervix, are not always on a parallel. —*Hospitals-titende,* October 22, 1889.

Mental Disturbances in Connection with Alcoholic Neuritis Multiplex.—DR. H. TILING says that in the great majority of observations of neuritis multiplex, mention is made of a derangement of the mind which is fairly well on a parallel with the other symptoms. Such cases almost always occur among drunkards. He shows, based upon a detailed report of the existing literature, to which seven of his own observations have been added, that the symptoms of the mental disturbance by alcohol-neuritis are consistent and characteristic. The disease is characterized by amnesia, which leads to confusion, indolence and apathy. What has just been experienced leaves the memory at once, while things of the past often remain fixed. The narrative of the patient concerning the past is confused by misrecollections. When the amnesia is great, it may lead to a certain degree of amnesic aphasia and agraphia. Delusions and deceptions of the senses occur only episodically, and are not followed by a lasting cloudiness of the mind. While the prognosis of the motor and sensory disturbances is not altogether bad, the psychical disturbance generally leaves a lasting defect of the memory, even after the mental derangement at the height of the disease, has been overcome. He believes, with other authors, that the mental disturbance (amnesic dementia) of alcohol-neuritis is not an accidental complication, but that the participation of the central nervous system, and with it the psychical disturbance, belongs essentially to the disease-picture of multiple-neuritis. Psychical disturbance has not been so regularly observed in multiple neuritis of non-alcoholic origin. Further observation, with accurate consideration of the psychical behavior, are, at all events, very desirable.—*Allg. Zeitschr. f. Psych.*—*St. Petersburger med. Wochenschrift*, November 23, 1889.

PUBLIC HEALTH.

By W. R. Cluness, M.A., M.D., Sacramento, Cal.

Mortality.—The deaths registered in 102 town districts of the State during the past month, in a population of 844,950, correspond to an annual rate of 13.98 a thousand, the total mortality having been 985. 119 deaths were due to zymotic diseases, giving an annual rate of 1.69 a thousand. Of these 40 were due to typhoid fever, 32 to diphtheria, 19 to cholera infantum, 11 to diarrhea and dysentery, 9 to cerebro-spinal fever and 4 each to whooping cough and scarlet fever. 261 deaths resulted from diseases of the respiratory organs, giving an annual rate of 3.71 a thousand. Of these 157 were due to consumption, 63 to pneumonia, 28 to bronchitis, and 13 to pulmonary congestion; the rate being 1.20 and .894 for consumption and pneumonia respectively. 70 deaths resulted from diseases of the heart. The average annual death-rate from all causes, occurring in the ten largest cities and towns in the State, and representing a population of 613,000, was 14.28. The highest rate for the month, occurring in cities having a population of 10,000 or more inhabitants, was reported from San Francisco, the lowest from Stockton.

Typhoid Fever.—Although the mortality throughout the State continues exceptionally low, yet when we "read between the lines," evidences of a gradually increasing death-rate are discernible. Nevertheless there is no epidemic prevalent, and it is probable that no State in the Union has ever been more highly favored, for so long a period, or that can exhibit as low a mortality for the first ten months of any year. There are evidences, however, that typhoid fever is becoming somewhat more prevalent, and it appears probable that it will become a more pronounced factor in the reports for the remaining winter months. So far as we are aware, it has never prevailed as an epidemic in any portion of California, although during the early winter months it has occasionally been observed to be more prevalent than at other seasons of the year. An epidemic of this disease is reported in Aurora, West Virginia, the country for miles around being infected. In some localities there is scarcely a family but has one or more of its members prostrated with the disease, there being scarcely enough well persons to care for the sick. Several other localities in the East also report an unusual prevalence of this disease. Had those communities enforced the means of prevention that are now so generally inculcated by Boards of Health, as well as by sanitarians everywhere, there would be no epidemic, for there is no doubt but typhoid fever is among the most preventable of all diseases, not even small-pox being excepted. In the locality mentioned there are many wells from which the drinking water is obtained, and although epidemics of typhoid fever are occasionally traced directly to running water, yet wherever wells are used they are a constant menace to the health of the people because of their greater liability to contamination. About 50 years ago, Lord Palmerston suggested that "for every case of typhoid fever, somebody ought to hang," and although the forfeiture of a life for every case of this disease might be an unwarrantably severe penalty, yet if every one having charge of a case were to do his *whole duty* regarding the thorough disinfection and ultimate disposition of the alvine evacuations very few persons would ever be hanged for the cause alluded to, for there would soon be no typhoid fever.

METEOROLOGY.

By J. W. ROBERTSON, B.A., M. D., San Francisco, Cal.

Is Colorado's Climate Changing?—The *Medical News* says that the inhabitants of Denver are asking what is the meaning of the unusual snow-fall and humidity of the past month. The newspapers of that city have expressed the opinion that their climate is about to undergo a change, in consequence of surface changes of "building up" and improving the State. The present moist season has been especially disappointing to Eastern people, who have journeyed to Denver to escape the humidity of our seabord winters. From a letter recently received by that journal, a few sentences are quoted: "Snow has fallen each night and morning, but the sun conquers by midday, making walking almost impossible. As a usual thing the inhabitants expect about ten days of inclement weather during winter and spring, and have not looked upon the paving of streets and crossings as at all necessary. But they are now aroused to remedy this condition. The snow-fall is said by some to be already greater than the total for three ordinary winters." The total fall at the Denver station, in October, was 2.11 inches, and is the only October, since 1871, when 1.49 inches have been exceeded, with the single exception of that of 1877, when 2.15 inches were registered; there have been but 9 cloudless days in the same month, while 19 were partly cloudy. The mean temperature has been somewhat above that of the past decade. Fog—a condition hitherto almost unknown in Colorado—occurred during five mornings in October.

Summary for November.—*Temperature.*—The temperature was mild, even the mountain valleys and ranges being but slightly frosted. Along the coast the mean temperature did not fall below 53°, or rise above 60°, while the valley belt averaged 55°.

Rainfall.—The month of November was ushered in with light rainfall in the northern portion of the State. Then followed two weeks of clear weather, which, on the 17th, was again interrupted by a generally distributed and heavy downpour, and which continued with but slight intermission till the end of the month.

California—Tabular Statement for November, 1889.

STATIONS.	TEMPERATURE.						RAINFALL.		Mean Relative Humidity	WEATHER.			WIND.	FURNISHED BY—
	Mean	Highest	Lowest	Mean Highest	Mean Lowest	Mean Daily Range	No of Days Rain Fell	Total Rainfall		No. of Clear Days	No. of Fair Days	No. of Cloudy Days	Prevailing Direction.	
Auburn ....Cal.	54.4	80.0	40.0	------	------	------	----	4.85	------	----	----	----	W.	Southern Pacific Co.
Berkeley......... "	56 2	74.5	43.0	67.0	49.0	12.6	8	2.40	78.5	13	7	10	N. & E.	Obs. Univ. of Cal.
Colfax............ "	51.8	70.0	38.0	------	------	------	----	9.60	------	----	----	----	SE.	Southern Pacific Co
Eureka........... "	53.2	73.0	38.0	60.6	45.7	14.9	10	3.71	82.2	11	7	12	SE.	Signal Service U.S.A.
Fresno........... "	54.0	72.0	36.0	64.9	43.3	21.6	7	1.39	75.6	12	10	8	E.	" " "
Keeler. .... "	49.6	71.0	33.6	59.6	40.7	18.9	1	5.00	42.8	24	3	3	E.	" " "
Los Angeles.... "	61.3	82.0	43.0	72.7	49.9	22.8	4	1 35	58.2	18	8	4	N.	" " "
Monterey .... "	------	------	------	------	------	------	----	------	------	----	----	----	-------	Southern Pacific Co.
Napa........... .. "	52.0	70.0	36.0	59 8	44.2	15 6	10	3.27	------	17	5	8	S.	Sta. Napa Ins. Asylum
Oakland......... "	56 9	82.0	39.0	67.46	51.0	18.4	7	2.89	83.15	17	5	8	SW.&W	J. B. Trembley, M.D.
Paso Robles.... "	50.0	70.0	29.0	------	------	------	----	1.69	------	----	----	----	S.	Southern Pacific Co.
Red Bluff....... "	54.5	76.0	36.0	63.9	44.8	12.1	8	3.37	65.9	12	8	10	NW.	Signal Service U.S.A.
Sacramento. ... "	53.5	72.0	38.0	63.0	45.3	17.6	7	3.15	74.2	17	5	8	SE.	" " "
San Diego....... "	62.0	83.0	46.0	71.6	52.4	19.2	3	0.12	49.3	16	9	5	NE.	" " "
San Francisco.. "	58.6	77.0	47.0	64.9	52.4	12.5	7	2.90	72.6	13	9	8	NW.	" " "
Santa Barbara.. "	59.56	77.5	44.0	65.7	54.5	------	3	3.21	63.0	23	3	4	W.	Hugh D. Vail.
Santa Cruz...... "	------	------	------	------	------	------	----	------	------	----	----	----	-------	Southern Pacific Co.
Yuma..........A. T.	60.1	83.0	36 0	76.3	47.8	28.5	1	T	42.6	25	4	1	N.	Signal Service U.S.A.

Blank (----) indicates data missing.

Occidental Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

SACRAMENTO: JANUAPY, 1890.

VOLUME IV.

With this number, THE OCCIDENTAL MEDICAL TIMES enters upon a fourth volume. The progressive policy of this journal has met with a very gratifying recognition at the hands of the profession, and we can assure our friends that their kind words and good wishes, as well as the more substantial evidence of their subscriptions, have been fully appreciated. We shall earnestly endeavor to merit their continued approbation, and to steadily improve THE TIMES as the opportunity arises.

We regret to announce the resignation of DR. W. H. MAYS. The department of Mental Diseases and Medical Jurisprudence, which he has made so interesting and valuable, will, in future, be conducted by DR. A. W. HOISHOLT, of Stockton, whose experience as an alienist renders him specially fitted for the task. Dr. Mays' reason for resigning from our Staff, and his further resignation of the professorship in the Medical Department of the University, is, that he does not desire to be specially identified with Psychiatry, which he has found to be a positive detriment in the pursuit of his practice. While we profoundly regret his decision, we must acquiesce in the justice of it. Dr. Mays' extended experience as an alienist and his admitted ability, met with an unfortunately persistent recognition. The peremptory summons of a Court, demanding expert testimony in cases of which the witness has had no previous knowledge, is usually irksome; but when to it is added the fact that this valuable service must be rendered *without* compensation, the hardship becomes unbearable. Our readers are familiar with the outrage perpetrated upon Dr. Mays, in April, 1889, and we have no doubt that this, with subsequent annoyances, determined him to disassociate himself from this branch of the profession.

THE PROPAGATION OF TUBERCULOSIS IN CALIFORNIA.

A considerable degree of interest has been created by the publication in the "monthly circular" of the California State Board of Health of the great danger to which the State was exposed through the continued immigration of persons afflicted with a highly infectious disease. A rather lurid picture was drawn of our present condition as the result of this influx and subsequent propagation of the afflicted, while the suggestion was made that this particular class should be excluded until we were prepared to isolate and disinfect them. The subject was taken up by the daily papers, and a great deal of space was wasted in attempting to prove or disprove the infectiousness of phthisis by the testimony of various members of the profession interviewed by enterprising reporters. In certain sections of the State toward which the footsteps of the consumptive pilgrim have hitherto been directed, a great deal of feeling was created, and the State Board, which has of late years not endeared itself to the southern section, has become still less an object of affectionate esteem.

We believe that publications of this character are decidedly injudicious. The State Board of Health should be a recognized authority on sanitary matters, and it can only compel recognition through respect. It is unnecessary to tell the profession that tuberculosis is an infectious disease, while if the object be to instruct the public, it should be done in simple language, with an absence of literary pyrotechnics. This, coupled with plain and practical suggestions, would be of undoubted value, and quite likely to bear fruit. Tuberculosis is unquestionably infectious and contagious, probably "less contagious than syphilis and more than leprosy." In pulmonary tuberculosis the source of infection is in the secretions of, and discharges from the diseased structures, which contain the specific germs. The danger of infecting human beings is slight when these secretions are moist, but is greatly increased when drying allows them to disintegrate, permitting germs to be diffused in the atmosphere, and thus ingested or inhaled.

The remedy, therefore, consists in the prevention of this diffusion, and in the disinfection and subsequent destruction of the sputa, as well as the disinfection of everything likely to have been contaminated by the patient. The application of these principles is neither difficult nor complicated. Patients should be instructed not to expectorate except into some receptacle, nor where animals can get at it. If from necessity this be a handkerchief, it should be boiled, but the substitution of a pocket spittoon is most desirable. Cuspidores used by consumptives should be of a material to stand boiling water and disinfectants. The surfaces should be smooth, with an absence of angles and corners, to admit of ready cleansing. They should be covered, to prevent the ingress of flies. An acid solution of the bichloride of mercury (1 : 1000) is an effective germicide, the bacillus tuberculosis being amongst the least resistant germs. Boiling for ten or fifteen minutes will disinfect fabrics. The danger of healthy persons contracting tuberculosis through the ordinary association of individuals in public places and conveyances, is practically very slight. The danger increases with intimate association when living, and particularly when sleeping with a patient, in a confined atmosphere. It is greatly increased by a constitutional predisposition, and by the presence of other pulmonary troubles.

To exclude this class of sufferers from our State is, of course, preposterous, nor is it desirable. Pulmonary tuberculosis is a curable disease, particularly in its early stages, and the principle factor in this cure is the environment of the patient. Within its borders this State provides an endless variety of climate, and under medical advice, a careful selection should be made of a locality suited to the particular stage and type of the case. Personal hygiene, cleanliness and disinfection should be observed, and with these precautions there will be practically no danger to others. Our distance from Eastern centres of population, and the necessary expenses attending a long journey, will bring to us, as a rule, only those whose means enables them to carry out proper treatment and precautionary measures.

NOTES.

Mr. J. H. Bates.

The Journalist, of October 26, 1889, contains a lengthy article descriptive of the advertising department of an English firm that is doing a large business in the United States. A very complimentary reference is made to the agency of J. H. Bates, having charge of the firm's extensive advertising in this country. It affords us much pleasure to endorse the *Journalist's* testimony. We have always found Mr. Bates prompt in payment and accurate in his dealings with us, and while ready to drive a hard bargain for his employers, he, unlike some agents, is willing to admit that publishers have rights to be respected.

Southern California Medical Society.

The fourth semi-annual meeting of the Southern California Medical Society was held in Pasadena December 4th and 5th, 1889. Reports were presented by the various chairmen of committees, as well as several voluntary contributions. The following preamble and resolution, offered by C. C. Valle, of San Diego, was unanimously adopted:

WHEREAS, The Medical Society of the State of California has shown its recognition of the profession of Southern California by agreeing to hold its next annual meeting in this section of the State; therefore, be it

Resolved, That we show our appreciation of the action of the Society by authorizing the President to appoint a committee to extend to it, at its next meeting, a hearty welcome on behalf of the Southern California Medical Society.

Drs. Valle, Smart, Van Slyck, Price, and Davis were appointed as the committee. The next meeting will be held in Santa Barbara in June, 1889.

Suicidal Laparotomy and Intestinal Resection.

About two weeks ago a case of probable suicide occurred in San Francisco, that, admitting the absence of skill or design, shows a remarkable coincidence in the result accomplished. The subject, an Austrian, on December 14th, complained of pain in the abdomen, and was taken to the French Hospital, but left there of his own accord on the 17th. He told people that he would be killed if he remained there, and that he did not get enough to eat. On the day preceding the act he was seen by several persons, but evinced no symptoms of mental aberration. About 6 A. M., on the 18th, his room-mate was awakened by a noise, and saw him standing in the middle of the floor, with a large gash in his abdomen, from which he was pulling out his intestines. The horrified spectator rushed out for an officer, and, on returning, it required their united efforts to secure and handcuff him, so as to prevent further damage. He was taken to the Receiving Hospital, repeatedly declaring that he "wanted to go to Jesus." Upon examination a large coil of the ileum, almost completely severed, was found outside the abdomen. This portion of the intestine presented a well-marked intussusception, of several days' standing. The patient did not survive many hours. DR. W. E. TAYLOR, the coroner, in commenting upon the case, regards it as one of suicide, while temporarily insane. He does not believe that there was an intelligent effort either at laparotomy or exsection, as the subsequent deportment of the suicide was inconsistent with such a theory.

The Influenza Epidemic.

Influenza is at present epidemic in Europe, and it is unlikely that this country will remain exempt from invasion. The last epidemic in the United States prevailed in the summer of 1880. The histories of previous epidemics do not show a connection with climate or season, and the supposition that certain meteorological conditions determine the pandemic, epidemic or sporadic character of the disease, is unwarranted by accurate observations. In obedience to modern doctrines, it is not unreasonable to assume a micro-parasitic etiology for this disease; indeed, micrococci of a supposed pathogenic nature have been found in the blood, but their connection with the disease is deservedly questioned. Influenza begins abruptly, and it is only in a minority of cases that prodromata are present. These do not differ from the manifestations peculiar to the incubation of other infectious diseases. The force of the disease is expended on the various mucous membranes, resulting in catarrhal inflammation. The severity of the attack is influenced by the prevailing epidemic and by the occurrence of complications. Of these the most important are broncho and croupous pneumonia. Inflammation of the serous membranes, erythema, roseola, urticaria, etc., have also been observed. As a rule, when unattended by complications, influenza, except to the old and feeble, is a harmless affection. The treatment is usually symptomatic, although quinine has been claimed to be a specific. The only prophylactic measure likely to be of avail in an impending epidemic, is to remain within doors, as observations have repeatedly demonstrated that those exposed in the open air first suffer from the disease.

Wood's Library of Standard Medical Authors.

Some time since Wm. Wood & Co., the well known publishers ceased to issue their "Library of Standard Medical Authors." This series contained a large number of very valuable works, and was deservedly popular with the profession. Recently a representative of the firm, traveling on the Pacific Coast, announced that they had a number of sets of the library which they would furnish, numbered from 1 to 100, uniformly bound and with a general index to the full set. A neat book case to contain the library was also included. A physician purchasing the foregoing, when no further explanation had been made, would naturally expect to receive the same works that appeared in the original series. This, however, is not the case ; over a dozen volumes of the old series are missing and their places have been supplied by other works. Amongst the numbers omitted, we note such favorites as Frerichs, Hart & Barbour, Hilton, Pavy, Rosenthal and Tilt. The general index was compiled for the original set, and as the substitutions are not mentioned, it is comparatively valueless. The publishers have stated in reply to an inquiry that the library that they are now selling is a new and modernized edition, but that the expense of getting out another index was not warranted. We do not think that the substitutions are more valuable than the original works, especially in view of the omissions already mentioned. This, however, is beside the question, which is that the purchaser of "Wood's Standard Library of Medical Authors, numbered from 1 to 100, uniformly bound, with a general index and bookcase included," is not getting what he pays for nor what he supposes he is to receive. Messrs. Wood & Co. will, we have no doubt, furnish ample satisfaction to anyone who has been dissatisfied. Meanwhile, all cause of misapprehension would be removed if the firm would state distinctly when canvassing, or by printed circular, the precise nature of the library now on sale.

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting, November 19, 1889.

The President, A. E. BRUNE, M.D., in the Chair.

Compound Comminuted Fracture Treated by Wiring.—DR. T. W. HUNTINGTON reported the following case: M. M——, laborer; aged 49 years. Admitted to the Railroad Hospital June 22, 1889. While loading rails on a flat car in the Sacramento yards, one of them rolled from the car and struck his right leg, resulting in a compound comminuted fracture of both tibia and fibula, at the junction of the lower and middle thirds, the tibia protruding one inch and a half from the wound. Under ether, the fracture was reduced, and several pieces of crushed bone were removed. In order to bring the ends together, so as to secure good union, it was necessary to enlarge the opening made by the bone. The ends of the bone were approximated, and the tibia wired with heavy silver wire. The fracture was oblique. There was considerable hemorrhage, which proceeded from the ends of the bone rather than from any wounded vessel. After thorough irrigation, the external wound was closed by silver wire sutures, a drainage tube inserted, and antiseptic dressings applied. The limb was placed on a posterior wire splint, with splints of binder's board at either side. Patient was put to bed, and at 6 P. M. was resting well—pulse, 76; temperature, 99.8° F. June 23d—wound dressed; bone found slightly displaced, which necessitated reapproximation. Leg put in a "railroad" cradle. From this date the fibula united rapidly, and there was union at the point of fracture August 20th. At this time the wire uniting the ends of the tibia was removed, and the foot encased in a plaster bandage. September 16th--Cast removed and bone found firmly united. The case was of interest from the fact that the ends of the tibia were crushed, and only small points of the fractured ends of the bone were approximated. Union did not take place until after the fibula had united, the suture serving to prevent the ends of the tibia from slipping past each other. No counter extension was necessary, and no shortening can now be detected. (Patient exhibited.)

DR. W. R. CLUNESS, read a paper upon "Maternal Impressions" (published at p. 6.)

DR. G. L. SIMMONS said that he could not accept the theory of the author of the paper, that fancies of the mother had much to do with the origin of nevi. Apart from the fact that no nervous connection is known to exist between the fetus and the parent, lies the experience of all of us who have had more or less obsetrical practice. From this experience he would ask: "Have we ever known a mother to name the situation, shape or character of these vascular tumors before delivery?" Is it not also a fact that nearly all mothers prior to the birth of their offspring fear that a mark exists, and one of the first questions she asks of the medical attendant is: "Doctor, is my child perfect?" After delivery, should a nevus be evident, the recollection of longing for berries, etc., is brought to light, or if the mark should have hair upon its surface, the more absurd theory is stated of a scare by a rat. That children may inherit nevi as well as other deformities is generally acknowledged, but while not prepared to explain the interruption in the formative processes which produce mothers' marks, he did not believe maternal impressions had any influence in causing them.

DR. W. A. BRIGGS said: That a severe and persistent maternal impression may exercise a general influence on the nutrition, and hence on the development of the fetus, he thought might be admitted, or, at least, not denied; but that the cause of the impression will, in outline and color, be reproduced in the fetus is in the highest degree improbable. It is improbable not merely because it is incomprehensible, for many things (and all things in their essence) are incomprehensible—heredity, for instance, Darwin's theory of "gemmules" seeming to him as fanciful as any that has descended to us from the pre-scientific period of our history; but it is improbable because, in the absence of any channel through which such a reproduction could take place, no body of scientifically attested facts establishes it. To establish the influence of matenal impressions it must be shown by scientific investigation and record that "marks" are more frequent in children of mothers who have had "impressions" than in children of mothers who have not, and that these marks are the result of impressions and not of hereditary tendencies. He knew of no such investigations, and his own observation led him to believe that "mothers' marks" are just as likely to occur without antecedent maternal impressions as with them; and that, when such marks do occur, they do not correspond with maternal impressions any oftener or further than coincidence and heredity would require.

Dr. J. H. Parkinson said that in discussing this question, the only cases that should be accepted were those in which the mother had stated distinctly *before* the birth of the child how she expected it to be marked, at the same time giving the assigned cause. Statements made *after* birth, and attempts to connect deformities with previous impressions, were valueless.

Dr. W. H. Baldwin mentioned some cases in which he had been led to believe in maternal impressions, but he felt that the subject required more light.

Dr. W. F. Wiard firmly believed in maternal impressions, and had seen cases which supported his views.

Dr. W. E. Briggs said: I have little faith in maternal impressions as popularly accepted. There is little reliable evidence to support the superstition. To me the statements generally put forward in support of the belief are of about as much value as those in support of the theories of lunar influences upon the planting season, or setting fence posts. The thousand and one times in which the phenomena are observed to fail in support of the theory are forgotten, and the rare and accidental instances exaggerated in importance.

Dr. J. R. Laine said that there were many psychological phenomena which were not definitely understood, and that he was not prepared to deny the possibility of marking the offspring through maternal impressions. He would not include hare-lip and spina bifida in the results of such impressions. In the collection of cases for tabulation, he deemed it unwise to accept such as had not been subjected to the tests of the ordinary rules of evidence. The circumstances of each case should be inquired into and sifted down to something tangible, and no mere matter of sentiment or reverence for the opinions of others should weigh in the absence of clearly ascertained facts.

Dr. T. W. Huntington: This question, like others essentially obscure, has never interested me greatly. I know of no data whereby the affirmative or negative may be established. While the paper presented this evening cannot be considered as furnishing conclusive evidence, it is certainly an interesting and valuable contribution.

Dr. Cluness, in replying, said: Dr. Simmons asks whether we "have ever known a mother to name the situation, shape, or character of those vascular tumors before delivery?" In reply, I desire to say that we most assuredly have, in many instances, and it is especially to that class of cases that I have endeavored to invite special attention, in contradistinction to the more frequent and less important ones of so-called "mothers' marks," which are, doubtless, usually mere coincidences. The case of Dr. Reamy is one to the point. My own case, also, that of the child who was born with a large excrescence upon the wrist, was one in which the mother indicated the nature of the deformity which would be found upon her child. Allusion was not made to the *fancies* of mothers, but to the *impressions*, the influences stamped upon those who are soon to become mothers, and to the sensible results which those influences exert upon that which is nearest and dearest to that mother—the child in her womb. I did not refer to the fancies, the notions, or the beliefs, but to that which was engraven by profound impression, and I desire you to mark the distinction. And, notwithstanding the opinions entertained by several members of this Society, it nevertheless appears to me that there must be some foundation for belief in an opinion which is so general amongst all nations and peoples of the earth, both civilized and uncivilized. At any rate, as stated by Dr. Laine, an opinion that is so universally entertained by the laity, is entitled to some respect. I cannot agree with Dr. Briggs, in the opinion that the question of maternal impressions is improbable because incomprehensible, for there are many things in nature that are beyond our comprehension. Indeed, there is in all nature a hidden something, which no one, excepting the Creator himself, can fully understand. Because we cannot fully comprehend the why and the wherefore, it does not surely follow that the whole theory must be rejected.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Regular Meeting November 12, 1889.

The President, Geo. Chismore, M. D., in the Chair.

Election of Officers.—The following were elected officers for the ensuing year:

President,	John F. Morse.
First Vice-President,	A. P. Whittell.
Second Vice-President,	H. M. Sherman.
Recording Secretary,	W. Watt Kerr.
Assistant Recording Secretary,	C. C. Wadsworth.
Corresponding Secretary,	M. M. Chipman.
Treasurer,	W. S. Whitwell.
Librarian,	C. G. Kenyon.
Directors,	H. Gibbons, Jr., Wm. F. McNutt Jas. Simpson.
Committee on Admissions,	H. H. Hart, T. J. Le Tourneux, W. Anderson, C. G. Kenyon, J. D. Hartley.
Finance Committee,	A. P. Whittell, C. A. Clinton, J. D. Arnold.
Committee on Medical Ethics,	J. D. Hartley, J. Simon, C. E. Blake, L. Bazet, O. V. Thayer.
Committee on Library and Publication,	C. G. Kenyon, D. W. Montgomery, W. W. Kerr.
Executive Committee,	G. F. Shiels, H. M. Sherman, J. D. Arnold.

New Members.—J. C. Spencer, M. D., H. W. Yemans, M. D., and Sampson Traask, M. D., were duly elected members of the Society.

Cancer of Cardiac End of Stomach.—Dr. J. H. Stallard exhibited a specimen of cancer of the cardiac end of the stomach, with the following report of the case: W. O——, æt 50. Tall and well proportioned; has enjoyed uninterrupted good health until December, 1888. He come to California more than twenty years ago and has followed a variety of occupations, chiefly of late as a cigar-maker. Has lived generously; his drink being beer, which he took with occasional excess. No hereditary disease. In December last, whilst lifting a heavy weight, he felt something to give way in his left loin, at the level of the tenth rib. Being unable to move, he entered the German Hospital. His disease was entered as sciatica on the Hospital register, but the attending physician informs me that the sciatic nerve was not affected, and it was thought that there was very little the matter with him. In January he left the Hospital of his own accord and the pain, on movement, was nearly well. On the 16th of March he was again admitted into the Hospital, suffering from an incessant cough. His disease were entered as bronchitis, but the attending physician states that there were no physical signs of lung disease. The respiration was free and the bronchi free from *râles*. The patient states that his cough was loud and occurred in violent and frequent paroxysms. It was not controlled by any of the remedies administered, and his health suffered greatly from the want of rest. At the end of two weeks the cough subsided quite as suddenly as it came on. In the night he suddenly ceased to cough and had no return. Every morning he had spit up mucus from his throat for many years, which he attributed to the effect of beer and the excessive use of tobacco. On the cessation of the cough, vomiting commenced. It was incessant and was excited by every kind of food. For five days nothing whatever was retained, and it was proposed that he should undergo the operation of laparotomy, to see what was the cause of vomiting.

Without entirely rejecting this proposal, he determined first to try a visit to the country—in Calistoga. He was submitted to a milk diet and to electricity, without benefit. On the 12th of June he was placed under my care. He was now greatly emaciated and confined to bed. Every attempt to swallow food or milk was futile. Two teaspoonsful of milk and water were retained, but any further quantity brought the whole back. There was intense thirst; great distress from flatus in the stomach. The bowels had not been moved for many days. The urine was very scanty and deposited lithates. The pulse feeble, excessively irregular in force and rythm, and frequently intermittent; sounds normal; percussion and respiration normal. The abdomen was flat and retracted, the intestines empty. On the left side of the xyphoid cartilage was a sense of resistance, diffused over an area four inches square. This part was tender when pressed, dull on percussion, and was apparently the left lobe of the liver. There was no prominence in the left hypochondriac region, no perceptible induration of the pylorus, no distension of the stomach, although he complained of gastric flatus. As there had been no attempt at rectal alimentation, he was put upon nutritive enemata every four hours, and on the next day his condition had much improved. With the kind assistance of Dr. A. Abrams, an esophageal tube was introduced. At the entrance of the stomach an obstruction was encountered, but by a little manipulation and the employment of a moderate degree of force, the tube passed suddenly onward into the stomach. An attempt was made to wash the stomach out, but after a few ounces were poured into the funnel violent efforts to vomit were made; the fluid began to pour out by the side of the tube. The fluid already introduced was at once withdrawn and further action stopped. At this moment I offered the patient a glass of tepid water to wash out his mouth and throat. To my surprise he swallowed the whole without the least difficulty and exclaimed, "By God, I can swallow once more." On the microscopic examination of the matters brought up, I found organic *débris* in large quantity, mixed with an abundance of cholesterine in needles and small plates, also some pus and esophageal epithelium. It seemed, therefore, certain that a swelling had grown at the cardiac orifice of the stomach, and that it was somewhat doubful as to its nature. It might have been a chronic abscess caused by the strain which occurred at the commencement of his illness, the contents of which had become caseated and evidently softened; or, on the other hand, it might have been a malignant growth in a condition of partial degeneration. The former explanation for some time seemed the more probable, and was supported by the absence of the malignant cachexia. After this time the patient had no further difficulty in swallowing or retaining food. The bowels acted freely and the urine became abundant. Twice a day he took one-half a grain of nitrate of silver in a tablespoonful of distilled water, on an empty stomach, and always with a sense of benefit. In a few weeks it became evident that the disease was of a malignant nature. The irritation of the diaphragm increased and his food failed to nourish him. He died of inanition four months after my first visit.

Autopsy.—Lungs and heart, healthy; esophagus and throat, healthy; cardiac orifice of stomach engaged in and surrounded by a mass of malignant growth, which had also pushed its way into the under surface of the liver. The interior of the tumor was in a state of ulceration and decay. The stomach and liver were sufficiently adherent, and the peritoneal cavity was unharmed. The stomach was of normal size and contained about a pint of fluid. The pylorus perfectly normal. The liver was large and pale, with some indications of slight cirrhosis. The mucous membrane of stomach normal, or only slightly atrophied. Kidney pale, apparently normal. Malpighian tufts somewhat small. Tubes with cloudy swelling, and here and there small effusions of blood into the parenchyma.

Regular Meeting, November 25, 1889.

The President, J. F. MORSE, M. D., in the Chair.

New Member.—D. A. HODGHEAD, M. D., was duly elected a member of the Society.

Dosimetry.—DR. F. A. BELLINGE, in a paper upon this subject, gave a brief *résumé* of the method and of his own experience with it. The two great fundamental principles in dosimetry were: (1) The almost exclusive use of alkaloids; and (2) Their administration in frequent small graduated doses. The alkaloids were to be preferred to the preparations of the crude drug, because they were more exact, and hence their effects could be more certainly calculated; and the method of small graduated doses given at short intervals, enabled the physician to more rapidly and safely reach a point where the physiological action of the drug just balanced the pathological disturbance produced by the disease. In this way there was absolutely no risk of producing toxic phenomena. He also read a short sketch by the founder of the method, Dr. Burggraeve, and the reasons which led to its introduction, in which the regular profession were described as poly-pharmacists, as waiting until morbid anatomical changes had fully developed before attempting to relieve the patient or avert the progress of the disease, and generally misrepresented.

DR. W. P. GIBBONS said that the method seemed to him to be empirical, as it did not require diagnosis prior to the commencement of treatment. Neither did he believe in laying down one method for the treatment of one disease, as each disease will exhibit variations in the form of disturbance according to the constitution of the patient; and, therefore, necesitates corresponding variations in the treatment. The alkaloids are frequently less potent for good than the crude drug; as, for example, opium is decidedly better than morphine in the treatment of peritonitis.

DR. GEO. CHISMORE believed that reformers generally are very liable to put themselves on a pedestal, to announce the most wonderful results, and substitute their whims for the whims of all others. It seemed Utopian to think that one system would fit all constitutions and all surroundings.

DR. JOHN WAGNER did not think that this should be regarded as a special method; nor could he agree with the manner in which the profession was misrepresented.

DR. W. W. KERR thought that if the description of medical practice referred to Dr. Burggraeves' own early career, he was not surprised that some reformation was deemed necessary. There was nothing new in the method, of any value, that did not belong to regular medicine; certainly the pharmacologists had not been endeavoring to obtain and separate the active principles of drugs, unless it was for the purpose of obtaining more exact preparations; and, as regards dosage, the rule with aconite, digitalis, and all other powerful remedies had been to give the drug in small doses and frequently, until the physiological effects appeared.

DR. C. G. KENYON said that during the discussion no reference had been made to the power of this method in relieving pain. He thought that if we endeavored to control the pain of pleurisy by the dosimetric method, much time would be lost and the patient subjected to much unnecessary suffering. It appeared to him that dosimetry was better calculated to act as a pharmaceutical advertising medium than to produce any reformations in medical practice.

DR. H. M. SHERMAN thought that the tendency of dosimetry was towards the treatment of symptoms, and if so it was retrogressive, for fortunately the trend of medical progress was towards the etiology of disease. He could not agree with Dr. Bellinge that dosimetry had achieved any victories in surgical fever, as that disease was due to sepsis, and although aconite might make the patient more comfortable by reducing the pulse it did not remove the sepsis.

Dr. Bellinge, in replying, said that dosimetry did not ignore diagnosis, but urged that the physician should not *delay* treatment until the disease had fully developed, as by so doing organic changes often followed which might have been arrested. Only in this one respect could the method be regarded as a treatment of symptoms. In his experience, small doses of morphine had been both rapid and efficient in relieving pain, besides being more agreeable to the patient.

CORRESPONDENCE.

The State Vaccination Law a Failure.

Dear Sir—In the language of the immortal Captain Cuttle, we now have a vaccination law (?) as isn't any law at all. Indeed, it is highly probable that such enactments do far more harm than good, inasmuch as they "breed contempt" for law in general. The public and the medical profession throughout the State were congratulated upon the supposed fact that our State, through the last Legislature, had placed upon its statutes a measure that would innure to the health and well-being of our people. We now had a State vaccination law. But such a law! A law without any penalty! A law without any executive officer! A *law* that is *optional!* A law, of which the executive officer of the State Board of Health writes me: "We have no mandatory power!" This is a pretty kind of a law. In fact, it is no law at all; it is only so much advice, which may or may not be taken and acted upon, as pleases and suits the individual supervisor, school superintendent, member of the district school board, or parent or guardian of the child. About the month of May of this year, the Secretary of the State Board of Health issued a circular to the Supervisors of the different counties of this State, in which occurs these words: "Gentlemen: In accordance with a resolution * * * having them [the so-called laws] obeyed at the earliest opportunity." * * * * and to request that you will exercise your authority in The superintendent of the Public Schools of this county has several times of late, so I have been credibly informed, expressed himself against vaccination and the vaccination law; and has advised members of school boards that they themselves are to be the judges of whether or not the children need vaccination. The consequence is that many schools of Marin county have probably had no vaccination examination (I know of several such cases). Upon a careful review of the so-called vaccination law, we find that "the trustees of the public schools of this State are directed to exclude * * * provided, that any practicing and licensed physician may certify" * * * "The trustees" are to provide "a good and reliable vaccine virus," and "to give a certificate of vaccination" to those who have been vaccinated. They are also to report to the Board of Health the number of vaccinated and unvaccinated (of school age) resident in ther district. Of course they do not and cannot, under the present course of non-conformity to this "non-mandatory" law. In corporate, chartered cities and towns, the Health Boards thereof see to it that such a beneficent law as this is enforced; but outside the larger towns and cities there are so many conflicting interests that none but the most definite and stringently enforced penalties will effect the desired good. Having experienced some of these hindrances, permit me to specify, (1) The county school board desire to draw all the State money possible for their schools; hence, anything which tends to keep children away from school naturally meets the disapproval of the board and the County School Superintendent. Rather than have their children vaccinated, some parents will keep their children from school; hence the County School Superintendents are, in very many cases, arrayed in hostility to the execution of the vaccination act. It hurts the school attendance and the school money. (2) In sparsely settled districts there are often barely enough children to keep the school open If now a parent who sends two or three children to such a school, objects to vaccination or re-vaccination, and takes away his children, the school is closed. To avoid this difficulty, the trustee is glad to find that he is made the judge of whether it would be best to vaccinate the children; and thus he learns how *not to do it.* He desires to keep the school open, perhaps for his own children's benefit. (3) As a parent, the trustee himself may object to vaccination or re-vaccination. Here, again, he sees how not to do it. (4) The law makes these *otherwise* interested parties, judges and executives of it. Is it not asking too much of poor human nature that these men should run contrary to what seems a paramount interest in the faithful carrying out of the vaccination act? Putting aside all prejudice against vaccination, and granting that all these officials' interests and feelings lay in line with the faithful execution of this enactment; is the discernment of the difference between "successful" and non-successful, or efficient or non-efficient vaccination such that it may be indiscriminately entrusted to the general and non-expert public, who have no extended and practical knowledge of the "successful" or non-successful vaccination marks? I repeat it: In the places where the support of a general and stringent law is most needed, there the present act is a failure. Yours truly,

Olema, Cal., December 5, 1889. G. F. G. MORGAN, M. D.

OBITUARY.

DR. L. M. AGARD.

DR. LAWRENCE M. AGARD died of pulmonary phthisis at Auburn, Cal., on the morning of December 3, 1889, æt. 30 years, 4 months and 2 days. He was born in Sandusky, Ohio, August 1, 1859; lived there until 1873, when his father, Dr. A. H. Agard, of Oakland, Cal., well known to the medical profession on this coast, removed with his family from Sandusky to Oakland. Dr. L. M. Agard attended the State University, at Berkeley, for a time, and was graduated from the Cooper Medical College in the class of 1883. During his medical studies, his health broke down and he came to Auburn, where his condition was so much improved that he returned to the Cooper school and completed his medical education. His health being still much impaired, he returned to Auburn, bought and improved the fine farm adjoining Auburn, called "Pinolita," and was one of the first in Placer county to engage in olive culture. Being by nature very ambitious and his health much improved by the foothill climate, he commenced the practice of medicine in Auburn. His professional abilities were of a high order and he was very successful. In 1887 he returned to Oakland to assist his father in his practice. The climate of Oakland proved unfavorable to his health, and in December, 1888, he returned to Auburn in the hope of being able to live and practise in the foothills, but his health gradually failed until death released him from his sufferings. He was bright, genial, manly, straightforward, and possessed, in a high degree, all those attributes that belong to a good man. T. M. T.

REPORTS, ANALYSES, AND NEW INVENTIONS.

Granular Effervescent Salts.

We have received from Messrs. Redington & Co. samples of their granular effervescent antipyrin, antipyrin with caffein, and acetanilid (antifebrin). These elegant preparations provide an agreeable and ready method of administration in cases where moderate doses of the antipyretics are required. Drunk during effervescence the taste of the drug is thoroughly disguised. Physicians who prefer antifebrin, or who object to prescribing antipyrin, as it is covered by patent, will find the "granular effervescent ascetanilid" most satisfactory.

MEDICAL NEWS.

LICENTIATES OF THE BOARD OF EXAMINERS.

At the regular meeting of the Board of Examiners, held Dec. 4, 1889, the following physicians were granted certificates to practise medicine and surgery in this State:

Jas. Thos. Clifford Affleck, Fresno; Cooper Med. Coll.. Cal., Nov. 12,'89.
William Lee Berry, Wheatland; Cooper Med. Coll., Cal., Nov. 12'89.
Frank Ellsworth Blaisdell, San Diego; Cooper Med. Coll., Cal., Nov. 12,'89.
Henry Brodek, San Francisco; Cooper Med. Coll., Cal., Nov. 12,'89.
Samuel Hawkins Buteau, Oakland; Cooper Med. Coll., Cal., Nov. 12,'89.
William Fitch Cheney, San Francisco; Cooper Med. Coll., Cal., Nov. 12,'89.
Charles Eben Cooper, San Francisco; Cooper Med. Coll., Cal., Nov. 12,'89.
Edward Wirt Cox, Grass Valley; Cooper Med. Coll., Cal., Nov. 12,'89.
John Thomas Dale, San Francisco; Royal Coll. Phys., Edinburgh, May 3,'73; Royal Coll. Surgs., Edinburgh, May 3,'73.
William Blamyer Deas, Sausalito; Cooper Med. Coll., Cal., Nov. 12,'89.
Chas. B. Dittebrandt, Summerville, Oregon; Omaha Med. Coll., Neb., Mch. 24,'87.
August Adolph Drossel, San Francisco; Cooper Med. Coll., Cal., Nov. 12,'89.
James P. H. Dunn, San Francisco; Med. Dep. Univ. of Cal., Nov. 16,'88.
Charles J. Edson, Los Angeles; Coll. Phys. and Surgs, Keokuk, Iowa, Feb. 28,'88.
Sarah Lovicy Edson, Los Angeles; Coll. Phys. and Surgs., Keokuk, Iowa, Feb. 26,'89.
Archibald Mitchell Galbraith, Amador; Cooper Med. Coll., Cal., Nov. 12,'89.
Walter Robert Gosewisch, Los Angeles; Med. Dep. Tulane Univ., La., Mch. 28,'88.
Edward Horan, San Francisco; Queen's Univ., Ireland, June 14,'80.
Thos. Ash Keables, San Francisco; Med. Dep. Univ. of Georgetown, D. C., Mch. 6,'72.
Walter Kent, Redding; Royal Coll. Phys., Edinburgh, Aug. 5,'78; Royal Coll. Surgs., Edinburgh, Aug. 5,'78.
Frances Rosenberg Marx, San Francisco; Med. Dep. Univ. of Cal., Nov. 14,'89.
Oscar Joseph Mayer, San Francisco; Med. Dep. Univ. of Cal., Nov. 14,'89.
Alexander Albert Milliken, Susanville; Cooper Med. Coll., Cal., Nov. 12,'89.
William Leander Moore, Orland; Cooper Med. Coll., Cal., Nov. 12,'89.
Lucius Wm. Newell, San Francisco; Cooper Med. Coll., Cal., Nov. 12,'89.
Adamson B. Newkirk, Los Angeles; Rush Med. Coll., Ill., Feb. 24,'80.
Mary Anna Norton, San Francisco; Med. Dep. Univ. of Mich., June 27,'89.
Victor Joseph Stearns, San Francisco; Cooper Med. Coll., Cal., Nov. 12,'89.
Fred. Dudley Tait, San Francisco; Bellevue Hospital Med. Coll.. N. Y., March 15, '86; Faculty of Medicine, Paris. France, Aug. 7,'89.
George Lyon Tait, San Francisco; Coll. of Phys. and Surgs., N. Y., Oct. 12,'86.
Albert Henry Taylor, San Francisco; Cooper Med. Coll., Cal., Nov. 12,'89.
Samuel Parsons Tuggle, San Francisco; Med. Dep. Univ. of Cal., Nov. 14,'89.
Fusa Haru Uchida, San Francisco; Cooper Med. Coll., Cal., Nov. 12,'89.
Frumenti W. Winters, San Francisco; Detroit Coll. of Med., Mich., Mch. 23,'86.

CHAS. E. BLAKE, Secretary.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Division of the Pacific), from November 16th, 1889, to December 16th, 1889.

Captain Edward B. Moseley, Assistant Surgeon, is relieved from duty at Whipple Barracks, Arizona, to take effect upon the expiration of his present leave of absence, and will report in person to the commanding officer Fort Clark, Texas, for duty at that station. Par. 4, S. O. 268, A. G. O., November 16, 1889.

Captain Walter W. R. Fisher, Assistant Surgeon, is relieved from duty at the Presidio of San Francisco, Cal., and will report in person to the commanding officer Fort Assinniboine, Montana, for duty at that station. Par. 4, S. O. 268, A. G. O., Nov. 16, 1889.

The extension of leave of absence granted Major Leonard Y. Loring, Surgeon, in S. O. No. 241, October 16, 1889, is still further extended one month, on surgeon's certificate of disability. Par. 3, S. O. 268, A. G. O., November 16, 1889.

The Best Antiseptic for both Internal and External Use.

LISTERINE.

FORMULA.—Listerine is the essential antiseptic constituent of Thyme, Eucalyptus Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE — INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address and receive by return mail our new and complete pamphlet of 36 quarto pages—embodying:

A TABULATED EXHIBIT of the action of LISTERINE upon inert Laboratory Compounds

FULL AND EXHAUSTIVE REPORTS and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both internal and external use; and particularly

MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A.B., PH.D., D.D.S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

DISEASES OF THE URIC ACID DIATHESIS.

Lambert's Lithiated Hydrangea.

KIDNEY ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoons full four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis Hematuria, Albuminuria, and Vesical Irritations generally.

We have had prepared for the convenience of Physicians **Dietetic Notes,** suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations bearing upon the treatment of this class of diseases.

LAMBERT PHARMACAL COMPANY.

ST. LOUIS, MO. jan '12

RHEUMATISM.

Dietetic Note—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

ALLOWED—Beef and mutton in moderation, with horse radish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

AVOID—Starchy and saccharine food; all malt liquors wines and coffee.

RESTORATIVE WINE OF COCA.

For Nervous Prostration, Brain Exhaustion, Neurasthenia, and all forms of Mental and Physical Debility.

This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover it is absolutely free from all those foreign substances which all wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence giving to the wines as ordinarily made uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable, and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

Prof. Wm. A. Hammond, M. D., says: "A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. It produces also excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally, it it works admirably. It is a simple remedy, yet efficacious and remarkable in its results.

FEBRICIDE.

A complete Antipyretic, a Restorative of the highest order, and an Anodyne of great Curative Power.

R.—Each pill contains the one-sixth of a grain of the Hydrochlorate of cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilid.

In the dose of one or two pills, three times a day, "Febricide" will be found to be possessed of great curative power in Malarial affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. **For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific.**

P. M. SENDERLING, A. M., M. D., of Jersey City, N. J., writes: July 13th I was called upon to visit a lad, aged 18 years, who had been suffering for over two weeks with, as alleged, "Inflammatory Rheumatism," and had been attended by another doctor and discharged as convalescent a week prior to my first visit. I found him in this condition: pulse, 110; temperature (under tongue), 103 3-5; the right knee-joint greatly swollen and intensely painful, a troublesome diarrhea also present. Careful inquiry and examinaton demonstrated, to my mind, that the difficulty or "Materies Morbi" was clearly traceable to malarial influence. I at once placed him under the treatment which for years I had found most efficient, but up to the 16th I had utterly failed to reduce either his temperature or frequency of pulse. On my morning visit of 16th, I found his condition thus; temperature (under tongue), 104 2-5; pulse, 116, and his general condition indicative of great suffering. I at once suspended all other treatment and gave him one pill "Febricide" every three hours. At 8 P. M., 16th inst., I found my patient much better, his temperature had fallen to 102; pulse, 96; and his general appearance indicating decided improvement in every particular. On the 17th his temperature had fallen to 101 1-5; pulse, 90. 18th, 100 1-5; pulse, 90, and with great improvement in condition of knee-joint; the swelling, abnormal heat, and sensitiveness were entirely gone. I am so confident this case will speedily and perfectly convalesce that I do not deem it necessary to delay communicating the result of my first trial of the "Febricide." I will say that in this case antifebrin and antipyrin were successively tried in full doses, and, to meet the synovitis, full doses of quinine and salicylate of soda were also used.

Prof. Wm. F. Waugh, M. D., of Philadelphia, writes: "In a case of persistent neuralgic headache, worse on awakening, with a possibility of malaria, *Febricide gave instant relief*."

No. 100 W. 7th St., CINCINNATI, O., Nov. 9, 1889.

On November 6th I was called in consultation to see Mr. W., who was suffering from the most violent attack of ASTHMA, the paroxysms so frequent that suffocation seemed only a matter of a little time. We gave him one "FEBRICIDE PILL" and ordered one every two hours; ordered hot mustard foot-bath; his doctor remained with him. I returned, per request, in seven hours; to my surprise he was breathing, talking, and, as he informed me, felt first-rate.

DR. D. W. McCARTHY.

Natrolithic Water

Containing: Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. For *Habitual Constipation, Rheumatic and Gouty Affections, Biliousness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract,* it is a wonderful remedy. *Does not gripe after administration.*

GRAND RAPIDS, Mich., October 8, 1889.

"Febricide Pills" have been used in a case of CHILLS from SEPTIC POISONING and worked to perfection, as they stopped them entirely where ordinary QUINIA HAD FAILED. Also kept down the temperature.

O. E. HERRICK, M. D.

A sample Bottle or Box of either remedy will be sent from New York, free of charge, to any Physician who may wish to examine the same.

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PIL: PHENACETINE ET SALOL 5 GRS.,

"W. H. S. & CO."

Phenacetine—Bayer, - - - - - 2½ grs.
Salol, - - - - - - - - 2½ grs.

Anti-Rheumatic and Analgesic. This combination was first suggested by Dr. M. F. Price, Colton, Cal., President of the "Southern California Medical Society." In an address to the members he says: "In a case of acute Rheumatism, affecting elbows, wrists, knees and ankles, ordered Phenacetine and Salol every three hours. No local application ordered. Made five daily visits, found the patient each day improved, discharged with orders to continue the medicine three times a day for a week."

After citing other cases, one of Sciatica, where the patient was suffering such pain that the slightest motion caused faintness with nausea and continuous vomiting; two with acute Rheumatism, and one with Neuralgia of the stomach, Dr. Price continues:

"It will be observed that in some of these cases I have combined Salol with Phenacetine. I did this on the principle of the well known effect of Salicylic Acid in rheumatism, but I rely on the Phenacetine for the relief of the pain, and in this way perhaps the cure of the disease causing it."—*Southern California Practitioner*, August, 1889.

PIL: TERPIN HYDRAT., 2 grs.

"W. H. S. & CO."

A new and potent remedy in the treatment of Coughs, Catarrh and kindred diseases.

Terpin Hydrate is indicated in cases where violent irritation of the bronchial mucous membrane exists, and where the secretion is inconsiderable and peculiarly viscid, such as is met with in the chronic catarrh accompanying emphysema and phthisis. The effect obtained is always an increase and a liquefaction of the secretion, a considerable reduction of the irritation and easy expectoration.

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1st. Ingredients of the finest quality,
2d. All materials weighed with scrupulous exactness
3d. The mass sufficiently consistent to maintain the globular form, and yet readily soluble in the stomach.
4th. A coating which will preserve the mass in good condition, cover all offensive smell or taste, and facilitate deglutition.

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As for the purity of the drugs entering into their composition, and the presence in full and exact quantity of every article required by the formula in each case, we can only give our assurance that no deviation from correctness in any particular is, or ever has been, permitted in their manufacture; and then invite the most critical examination and test, either of analysis or therapeutic effect.

They possess the advantage of a perfect coating, which is neither hard, bulky, opaque nor insoluble, but elastic, thin, transparent, and readily soluble.

For further information about them we refer to our formula books and price lists, which we shall be happy to furnish upon application.

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Whenever satisfactory results are not obtained from the administration of LACTOPEPTINE, we will consider it a favor if such facts are reported to us, for there can be no doubt that substitution of Pepsin or some of the cheap imitations of LACTOPEPTINE has been practised, whenever the therapeutic activity of LACTOPEPTINE is not uniformly demonstrated in its indications.

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